



SECONDARY EMPLOYMENT FORM

DATE:

TO (Administrative Official):

FROM (Employee):

I have been offered a position with:

Name of Employer or Organization: _____

Title of the Position: _____

Brief Description of the Duties of the Position:

Date that the Employment is to Begin: _____

I understand the secondary employment must not conflict in any way with my employment with the Maryland Judiciary. I understand that if the secondary employment is not approved, then I am not to accept that position while I am employed with the Maryland Judiciary.*

Employee's Signature: _____

Approval: Yes ___ No ___

If no, then please state the reason(s)

Administrative Official

Date

*Please refer to the *Policy on Other Employment* for information concerning secondary employment.