

Application for Approval to Engage in Outside Employment

PART A: EMPLOYEE TO COMPLETE

Current DHS employment details:

Name:		Pin (employee number):	
Home Address:		Contact phone #:	
Email Address:			
Program / Region:			
Job Title:			
Status: (circle)		Ongoing	Fixed term
Hours Worked per fortnight:		Casual	

Outside employment details:

Paid employment	Yes / No	Unpaid directorship	Yes / No
Association Executive role	Yes / No	Association spokesperson role	Yes / No
I have read and understood the department's outside employment policy			Yes
Nature of the outside employment:			
<i>Please explain and attach documents and any other relevant information, such as Job descriptions or rosters:</i>			
Name of the Employer:			
Contact details of employer:			
Address of employer:			
Hours and days to be worked:			
Is the work likely to cause an actual or perceived conflict of interest with your Departmental work?			Yes / No
Is there any potential to use confidential departmental information or the use of the department's intellectual property?			Yes / No
If Yes, please explain (attach documents and any other relevant information):			
I understand that if this application is approved, I am bound not to use confidential departmental information or the department's intellectual with specific permission.			
I understand I must advise my manager immediately there is any material change in the departmental job or in the outside employment.			
Employee signature:		Date:	

PART B: MANAGER/SUPERVISOR TO COMPLETE

Employment status with DHS: ONGOING FULL TIME / ONGOING PART TIME / CASUAL / FIXED TERM FULL TIME / FIXED TERM PART TIME	
Hours per fortnight:	
Outside employment status: FULL TIME / PART TIME / CASUAL	
Is the work likely to cause a real or perceived conflict of interest?	Yes / No
Does the work involve access to confidential departmental information?	Yes / No
Does the work involve access to any intellectual property rights?	Yes / No
Will the work impact adversely on duty of care to clients?	Yes / No
Will the work compromise the employee's health and safety?	Yes / No
RATIONALE AND DETAILS:	

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Ability to Engage in Outside Employment	
Manager recommendation:	Recommend / Not Recommended With Restrictions / Without Restrictions
Signature: _____	Name & Title: _____
Date: ___/___/___	
Period of approval (no more than two years): From _____ To _____	
Restrictions (if applicable):	

Forward to Regional Executive Member

Regional Executive member recommendation:	Recommend / Not Recommended
Signature: _____	Name & Title: _____
Date: ___/___/___	

Forward to Delegate for approval

<u>Delegates Approval</u>	
Secretary/Executive Director/Regional Director approval:	Approve / Not Approved
Signature: _____	Date: ___/___/___

***Please send completed form to the Manager, People Services after approval by the Delegate.**

- Letter sent to Employee
- CC to Manager
- Copy to Payroll