

MARYLAND TRANSPORTATION AUTHORITY POLICE

REQUEST TO ENGAGE IN SECONDARY EMPLOYMENT

NAME	RANK	ID NUMBER
CURRENT ASSIGNMENT		
FULL NAME OF SECONDARY EMPLOYER (IF SELF EMPLOYED INDICATE "SELF")		
ADDRESS OF SECONDARY EMPLOYER		
CONTACT PERSON (SECONDARY EMPLOYMENT)	TELEPHONE NUMBER OF SECONDARY EMPLOYER	
DESCRIBE TYPE OF BUSINESS OR EMPLOYMENT (i.e. RESTAURANT, RETIREMENT COMMUNITY, SHOPPING CENTER, etc.)		
DESCRIBE YOUR DUTIES OF SECONDARY EMPLOYMENT (i.e. SECURITY, SALESPERSON, etc.)		
WHAT WILL BE YOUR REGULAR WORK HOURS? (SPECIFY DAYS OF WEEK AND DAILY WORK HOURS)		
IF YOU WILL BE WORKING IRREGULARLY, DESCRIBE THE ARRANGEMENT AND SPECIFY THE ANTICIPATED TOTAL HOURS PER CALENDAR WEEK		
ESTIMATE HOW LONG IT WILL TAKE YOU TO REPORT FOR DUTY FROM SECONDARY EMPLOYMENT WORK IN THE EVENT YOU ARE CALLED OUT (IN UNIFORM)		
PROTECTION PROVIDED BY EMPLOYER		
NONE	SOCIAL SECURITY / FICA	WORKERS COMP
LIABILITY PROTECTION		
<p>I have read and understand the Maryland Transportation Authority Directives Manual dealing with the restrictions and prohibitions relating to secondary employment. I will comply with the restrictions and prohibitions dealing with secondary employment and will not work in excess of the number of hours permitted by department policy. I understand any violation of these restrictions and prohibitions may lead to revoking permission for me to work secondary employment and may also result in disciplinary action.</p> <p>The information provided on this form is true and accurate to the best of my knowledge</p>		
_____		_____
EMPLOYEE'S SIGNATURE		DATE
DETACHMENT / UNIT COMMANDER REVIEW		
<u>SECONDARY EMPLOYER CONTACTED</u>		
DATE	TIME	CONTACT PERSON
_____		_____
DETACHMENT / UNIT COMMANDER'S SIGNATURE		DATE
DIVISION COMMANDER REVIEW		
<p>APPROVED</p> <p>DENIED FOR THE FOLLOWING REASON:</p>		
_____		_____
DIVISION COMMANDER'S SIGNATURE		DATE
_____		_____
EMPLOYEE'S SIGNATURE ACKNOWLEDGING APPROVAL / DISAPPROVAL		DATE

REVOCATION OF APPROVAL

Commanders may withdraw approval for, among other things, a poor performance evaluation, the secondary employment differs from that described above, if fatigue or other circumstances associated with the secondary employment adversely effect the ability of the employee to properly perform the duties of his/her position and/or other assigned duties.

I have revoked the approval to work secondary employment for the following reasons:

COMMANDER'S SIGNATURE

DATE

EMPLOYEE'S SIGNATURE ACKNOWLEDGING APPROVAL / DISAPPROVAL

DATE

WITHDRAWAL OF SECONDARY EMPLOYMENT REQUEST

I am hereby withdrawing my request and terminating the requested secondary employment.

EMPLOYEE'S SIGNATURE

DATE

USE FOR ADDITIONAL COMMENTS: