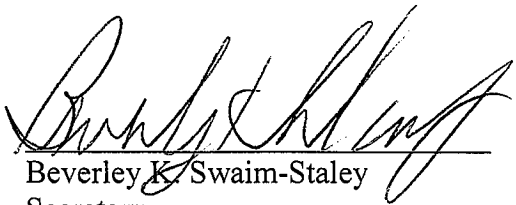


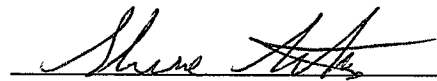
Side Letter Between Maryland Department of Transportation, Maryland Transportation Authority Police  
And Fraternal Order of Police, Lodge # 34

RE: Secondary Employment

In the course of negotiating the soon-to-be executed MOU between FOP 34 and the Maryland Transportation Authority, we have agreed to use the attached, "Request to Engage in Secondary Employment form" as it has been revised as of January, 23, 2012.



Beverley K. Swaim-Staley  
Secretary  
Maryland Department of Transportation



Shane Schapiro  
President  
Fraternal Order of Police, Lodge #34

Attachment (2 pages)

# 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 <small>After Action Review/Improvement Plan Report Template</small>					
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 CALENDER WEEK					
ESTIMATE HOW LONG WILL IT TAKE YOU TO REPORT FOR DUTY FROM SECONDARY EMPLOYMENT WORK IN THE EVENT YOU ARE CALLED OUT (IN UNIFORM)					
PROTECTION PROVIDED BY EMPLOYER <input type="checkbox"/> NONE <input type="checkbox"/> SOCIAL SECURITY / FICA <input type="checkbox"/> WORKERS COMP <input type="checkbox"/> 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			
<b>COMMANDERS REVIEW</b>					
SECONDARY EMPLOYER CONTACTED <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">DATE</td> <td style="width: 30%;">TIME</td> <td style="width: 40%;">CONTACT PERSON</td> </tr> </table>			DATE	TIME	CONTACT PERSON
DATE	TIME	CONTACT PERSON			
IF BUSINESS IS NOT IN COMMANDERS JURISDICTION WAS INFORMATION SOUGHT ON THE HISTORY OF BUSINESS INVOLVED WITH LAW ENFORCEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO / EXPLAIN					
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED FOR THE FOLLOWING REASON: <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 5px;"></div>					
_____ 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, if 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 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: