SUBJECT: SECONDARY EMPLOYMENT OR BUSINESS ACTIVITY

PURPOSE:
To provide guidelines for City employees engaging in employment with a second employer or engaging in self-employment.

POLICY:
Any employee of the City shall inform his/her Department Director or designee, the Director of Human Resources, and the City Administrator that they engage in any employment, activity or enterprise for compensation ("secondary employment") in addition to their regular employment with the City. An employee proposing to engage in any secondary employment shall inform his or her Department Director prior to engaging in the secondary employment in writing of the time to be spent on such activity and the nature of the activity when he or she begins the activity.

The employee shall obtain a "Secondary Outside Employment Form" from the Human Resources Department and submit the completed form to the employee's Department Director or designee for evaluation. Forms must be submitted at least two weeks before starting such secondary employment or self-employment.

The "Secondary Outside Employment Form" need not be completed on an annual basis – only when/if the secondary employment changes.

In evaluating a secondary employment, the City retains the right to consider whether such secondary employment may impact the organization as follows:

1. Impairment of Efficiency and Physical Well-Being - The secondary employment must not involve such time demands or performance of such arduous tasks so as to interfere with employee effectiveness or leave the employee tired or subject to injury in the City position.

2. Workers' Compensation - The secondary employment must not leave the City liable for any injury or illness incurred in such secondary employment.

3. Conflict of Interest and Public Relations - The secondary employment must not, or must not have the potential to, adversely affect or reflect upon the employee, the employee's position with the City, or the City.
Secondary employment without notification can result in disciplinary action up to and including dismissal if any of the above three (3) factors negatively impact an employee and/or the City. Notification for secondary employment is evidenced only by a copy of the "Outside Secondary Employment Form with all required signatures.

City employees are prohibited from contracting or engaging in business activity with the City of Vernon as a source of secondary employment with the City, including the performance of services outside the scope of their normal employment duties and responsibilities.

City employees are prohibited from pursuing a business license or secondary employment within the boundaries of the City if said activity is for the purpose of providing services on behalf of an approved City of Vernon vendor or contractor doing business with the City, if said services is similar or equivalent to their duties as a City employee. For example, a maintenance worker who opens a business activity to conduct maintenance work for a City assigned contractor or vendor.

As an adjunct to the above, the employee shall not use city time, facilities, equipment, or supplies for private gain on more than a de minimis basis unless prior approval has been secured from the employee's Department Director or designee, the Director of Human Resources, and the City Administrator.

Likewise, the employee shall not use the badge, uniform, prestige or influence of the City for the employee's private gain or advantage, unless prior approval has been secured from the employee's Department Director or designee, the Director of Human Resources, and the City Administrator.

This policy does not apply to sworn personnel assigned to security or safety duties pursuant to and consistent with the City's film permit requirements.

POLICE DEPARTMENT POLICY:

All Police Department personnel shall refer to the Police Department Outside Employment Policy and Procedure adopted by City Council Resolution No. PER-1129 attached herewith.

PROCEDURE:

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Action</th>
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<tbody>
<tr>
<td>Employee</td>
<td>1. Notifies immediate supervisor that secondary employment is being considered.</td>
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<tr>
<td></td>
<td>2. Obtains an &quot;Outside Secondary Employment Form&quot; from the Human Resources Department.</td>
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<td>3. Completes and signs form.</td>
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<tr>
<td></td>
<td>a. Submits to immediate supervisor for processing.</td>
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<tr>
<td>Police Department Employee</td>
<td>4. Follows policy and procedures provided in</td>
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<td>2</td>
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</table>
the Police Department Outside Employment Policy and Procedure adopted by Resolution No. PER-1129. (see attachment 2)

Department Director

5. Evaluates request and considers impact on department and organization. Either approves, approves with modifications, or disapproves.
   
a. If disapproves, notifies employee with reason for disapproval.
   
b. If approves or approves with modifications, transmits to Director of Human Resources for further processing.

Director of Human Resources

6. Reviews and recommends to the City Administrator approval, approval with modifications, or disapproval of the request.

City Administrator

7. Reviews request.
   
a. Approves or approves with modifications and transmits to the Human Resources Department.
   
b. Disapproves request and transmits, with reason(s), to the Department.

Human Resources Department

8. Receives form and places in employee’s official personnel folder. Notifies employee and Department Director, via e-mail, of City Administrator’s decision.

Attachment:

1. Outside Secondary Employment Form
2. Police Department Outside Employment Policy – Resolution no. PER-1129
City of Vernon
Human Resources Department
REQUEST TO ENGAGE IN OUTSIDE EMPLOYMENT

Name ____________________________     Job Title ____________________________ Date _________________________

Department ____________________________     Division ____________________________

Please fill out this portion if you are employed by someone other than the City of Vernon.

Outside Employer’s Name ____________________________ Outside Employer’s Address ____________________________ Telephone Number ____________________________

Outside Employer’s Workers Comp. Ins. Carrier ________________ Certificate No. ________________ Expiration Date ________________

A COPY OF THE CERTIFICATE OF INSURANCE MUST BE ATTACHED TO THIS FORM

Please fill out this portion if you are self-employed on a part-time basis.

Name of Business ____________________________ Address of Business ____________________________ Business Tel. No. ____________________________

Business Tax License No. ____________________________ Date of Issuance ____________________________

This portion should be filled out whether you are self-employed or employed by someone else.

Type of outside employment and description of duties:

__________________________________________________________________________________________________________________________________________________

Number of hours per week ________     Duration of job _________     Weeks _______     Months ______

I hereby request authorization to engage in outside employment during my off-duty hours or vacation time. In requesting this authorization I understand and agree to the following conditions:

1. That my outside employment will not interfere with my regular City job and that I will respond immediately if recalled to duty with the City.

2. That the nature of my outside employment is such that there will be no conflict of interest with my City employment.

3. That the City of Vernon will not be subject to claim or be held liable for any damages, injuries or illnesses incurred through my outside job.

4. That this authorization may be revoked at any time and will be automatically revoked upon a significant change in hours or duties or upon termination of my employment with the above employer and that I will notify the City if such should occur.

_________________________________________________     _________________________
Employee’s Signature                                                     Date

Approvals:

_________________________________________________     _________________________     _________________________
Department Head                           Director of Human Resources                    City Administrator

THIS FORM WILL NOT BE ACCEPTED UNLESS ALL APPLICABLE PORTIONS ARE COMPLETED