

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

OUTSIDE EMPLOYMENT FORM

SECTION I: TO BE COMPLETED BY EMPLOYEE

DDSN EMPLOYMENT INFORMATION

Full Name: _____ Today's Date: _____
Last First M.I.

Position Title: _____ Department: _____

Phone Number: _____ Email Address (if applicable): _____

Date Hired: _____ Location: _____

Work Schedule (include days and hours): _____

OUTSIDE EMPLOYMENT INFORMATION

Check appropriate box. If 'Yes' to any item, attach an explanation to this document alongside a listing of your clients)

Does the Employer have a business relationship with DDSN? Yes No

Consulting/advising on matters related to DDSN? Yes No

Interacting with or transacting business with state government or other agencies? Yes No

Teaching, writing or lecturing on matters related to DDSN? Yes No

Dealing with persons or firms with whom you may come into official contact on regulatory or procurement matters? Yes No

Canvassing or soliciting in which you initiate contact with others? Yes No

Any other activities that could create the appearance of conflict with DDSN? Yes No

Outside Employer:

Employer: _____ Position Title: _____

Date Hired: _____ End Date: _____

Work Schedule (include days and hours): _____

Detailed Description of Outside Employment Duties:

EMPLOYEE'S CERTIFICATION

I hereby request approval of outside employment and certify that my services in connection with the outside employment or business referred to above will not have a conflict with or infringe on my duties with or responsibilities to DDSN. I understand that DDSN reserves the right to withdraw approval of my outside employment at any time. I further understand that if my outside employment is approved, I must reapply for written permission if the nature of this employment changes at any time;

Employee's Signature Date: _____

SECTION II: FINAL ACTION – OFFICE OF GENERAL COUNSEL

Request is: Approved Not Approved

Comments or Special Conditions:

Date: _____

General Counsel’s Signature

RESPONSIBILITIES

Section I: Employee

1. Report any outside employment to the Office of General Counsel.
2. Complete an Outside Employment Form and obtain approval prior to performing duties related to outside employment.
3. Immediately inform DDSN when placed on administrative leave pending an investigation into alleged abuse, neglect, and/or exploitation.

Section II: Office of General Counsel

1. Review Outside Employment Form for possible conflict of interest.
2. Approve or disapprove Outside Employment Form.

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS (DDSN). THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. DDSN RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.