

SUPPLEMENTARY EMPLOYMENT REQUEST INSTRUCTIONS

1. DO NOT attempt to complete this form from within your web browser.
 - a. If not already installed, download Adobe Reader from the following location: <https://get.adobe.com/reader/>.
 - i. Commonwealth Employees: Contact your local IT Helpdesk to assist with installation.
2. Save or download a copy of the Supplementary Employment form to your computer.
3. Open Adobe Reader.
 - a. Go to File > Open and navigate to where the form was saved and open it from within Adobe Reader.
4. Complete the form electronically.
 - a. Enter the information regarding your commonwealth employment in Section 1. The address you provide must be your work address.
 - b. Enter the information regarding your supplementary employment, including self-employment, volunteer activities, and political activities in Section 2.
 - c. Please complete all applicable fields. Use military time (24-hour) for all time sections.
 - d. In Section 3, please electronically sign the form by typing your full name and date in the appropriate fields.
- 5A. Current and prospective employees submitting this request in conjunction with a job application: Attach the completed form to your application in NEOGOV. Section 1 should be completed based on the position you are applying for. Hiring managers should then email the form as an attachment to the OA, HRSC Supplementary Employment resource account, at RA-OAHRSCSupplEmploy@pa.gov.
- 5B. **Current Employees with access to Employee Self Service (ESS), submit your completed form via the Employee Resource Center.**
 - a. Log into www.employeeresourcecenter.oa.pa.gov and in the Search bar type "Supplementary Employment" and click the magnifying glass to submit.
 - b. Select "Supplementary Employment Request" from the search results.
 - c. Complete all required fields on the online case form and attach the electronic version of your completed Supplementary Employment Form to the case. Then click the "Submit" button.
- 5C. **Current Employees without ESS access**
 - a. Email the completed form as an attachment to the OA, HRSC Supplementary Employment resource account, at RA-OAHRSCSupplEmploy@pa.gov.
 - b. In the "Subject" line, enter "Supplementary Employment Request - " followed by your first and last name.
 - c. Include in the email your preferred contact information (phone or email address) and the best time to reach you during HR Service Center business hours, Monday through Friday, 7:30 a.m. - 5:00 p.m.
6. You will be notified when a decision has been made on your Supplementary Employment Request, which normally will be within 15 working days of receipt of your request. If additional information concerning your request is needed, a representative will contact you.

SUPPLEMENTARY EMPLOYMENT REQUEST

SECTION 1. THE FOLLOWING QUESTIONS PERTAIN TO COMMONWEALTH EMPLOYMENT WITH YOUR DEPARTMENT

Last Name <input style="width: 90%;" type="text"/>	First Name <input style="width: 90%;" type="text"/>	Middle Initial <input style="width: 80%;" type="text"/>	Personnel Number <input style="width: 90%;" type="text"/> <small>Enter Zero if New Hire</small>
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Work Address <input style="width: 95%;" type="text"/>	City <input style="width: 95%;" type="text"/>	State <input style="width: 95%;" type="text"/>	Zip Code <input style="width: 95%;" type="text"/>
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Present Job Title <input style="width: 95%;" type="text"/>	Agency/Bureau <input style="width: 95%;" type="text"/>
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Briefly outline your job duties:

In your departmental job duties, do you:

A. Participate in the negotiation of or decision to award contracts, or otherwise take or recommend official action of a discretionary nature with regard to contracting or procurement? Yes No

A. If yes, please describe the duties for the question above.

B. Participate in the settlement of claims or shares in a contract? Yes No

B. If yes, please describe the duties for the question above.

C. Participate in the making of loans? Yes No

C. If yes, please describe the duties for the question above.

D. Participate in the fixing of rates? Yes No

D. If yes, please describe the duties for the question above.

E. Participate in the issuance of permits, certifications, guarantees, or other things of value? Yes No

E. If yes, please describe the duties for the question above.

F. Take or recommend official action of a discretionary nature with regard to inspecting, licensing, regulating, or auditing any business, individual, corporation, union, association, firm, partnership, committee, club, or other organization or group of persons? Yes No

F. If yes, please describe the duties for the question above.

G. Participate in the granting of subsidies or otherwise take or recommend official action of a discretionary nature with regard to the administration or monitoring of grants or subsidies? Yes No

G. If yes, please describe the duties for the question above.

H. Take or recommend official action of a discretionary nature with regard to planning or zoning? Yes No

H. If yes, please describe the duties for the question above.

Commonwealth Work Schedule:

<input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa	<small>military time</small> Approx. Start Time Hour: <input style="width: 40px;" type="text"/> Min: <input style="width: 40px;" type="text"/>	<small>military time</small> Approx. Stop Time Hour: <input style="width: 40px;" type="text"/> Min: <input style="width: 40px;" type="text"/>
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If you work an irregular, variable, or rotating shift, please indicate and show for a two-week period the variations in your shifts and/or in the starting and stopping times.

SECTION 2. THE FOLLOWING QUESTIONS PERTAIN TO THE REQUESTED SUPPLEMENTARY EMPLOYMENT, INCLUDING SELF-EMPLOYMENT

Name of Company or Organization:

Address of Company or Organization

Street: City: State: Zip Code:

Type of Business in which the company or organization is engaged: <input style="width: 95%;" type="text"/>	Type of Position for which you are applying: <input style="width: 95%;" type="text"/>
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Date you applied for position. If self-employed, enter date you began self-employment: <input style="width: 80%;" type="text"/>	Date you expect to begin supplementary employment: <input style="width: 80%;" type="text"/>	If supplementary employment will be for a limited duration, enter an end date: <input style="width: 80%;" type="text"/>
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Briefly describe the duties of the position applied for with the company or organization:

Answer (A), (B) and (C), as applicable to your proposed supplementary employment:

A. Is your supplementary employment:

- | | | |
|--|------------------------------|-----------------------------|
| 1. With a company/organization (i.e. you received a form W2)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Self employment (i.e. you receive a form 1099)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Volunteer activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Political activity (e.g. appointment/election to state or local office; volunteering for a political campaign)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

B. If you answered yes to question A.4, please answer the following:

1. Please describe the specific duties that are involved in your political office/position:

2. Would you have decision-making authority in your political office/position? Yes No

a. If yes, please answer the following questions:

i. What decision-making authority would you have in your political office/position?

ii. Would you be the sole decision-maker? Yes No

iii. If you are not the sole decision-maker, what is the decision making process(i.e. are decision made by majority vote and then forwarded to a governing body)? Please include the number of decision-makers.

b. If no, please answer the following questions:

i. What is the decision making process(i.e. are decisions made by majority vote and then forwarded to a governing body)? Please include the number of decision-makers.

ii. Would you make recommendations to the decision-makers? Yes No

iii. If you would make recommendations to the decision makers, what type of decisions would you be involved with?

3. When engaging in your political office/position, would you interact with your agency or any other Commonwealth agency in any capacity? Yes No

a. If yes, with whom and for what reason?

4. Would there be any possible overlap between your political office/position and your Commonwealth position? Yes No

a. If yes, please explain.

5. Is your political office/position considered to be a state wide office or position? Yes No

6. Would you be elected to your political office/position in a partisan election? Yes No

a. If yes, when is the election? (If you currently hold political office/position, please indicate the date that you were elected.)

b. If no, please explain how you will obtain the office/position.

7. If you would be appointed to your political office/position, what is the anticipated date of your appointment? (If you currently hold the political office/position, please indicate the date that you were appointed.)

8. If you would be appointed to your political office/position, was this position ever an elected position? Yes No

9. If you would be appointed to your political office/position, would it be to complete the elected term of an individual who previously held the position? Yes No

10. What is, or will be, the term of office of your political office/position (including starting and ending dates)? Start Date: End Date:

11. Will you receive any compensation for your political office/position? Yes No

12. Is your political office/position considered to be full-time or part-time? full-time part-time

13. Would your political office/position result in you having to serve as a delegate, alternate or proxy to a political party convention? Yes No

14. What hours (military time) would you be performing work related to your political office/position? (if hours vary, please indicate).

15. Is your position with the Commonwealth a civil service covered position? Yes No

16. Is your position with the Commonwealth funded, in full, by the federal government? (i.e. is your principal Commonwealth employment connected to a program, either directly or indirectly, that is financed in full by federal funds, loans or grants?) Yes No

C. To the best of your knowledge and belief, could your supplementary employment relate to your Commonwealth job duties or otherwise create or present an actual or apparent conflict with your commonwealth job duties? If yes, please explain below. Yes No

If you answered yes to question C, please provide additional information below, otherwise enter "N/A"

Supplementary Employment Work Schedule: Select all that apply							military time	Approx. Start Time		military time	Approx. Stop Time		No. of hours per week
<input type="checkbox"/> Su	<input type="checkbox"/> M	<input type="checkbox"/> Tu	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> Sa	Hour: <input type="text"/>	Min: <input type="text"/>	Hour: <input type="text"/>	Min: <input type="text"/>	<input type="text"/>		

If you work an irregular, variable, or rotating shift, please indicate and show for a two-week period the variations in your shifts and/or in the starting and stopping times.

SECTION 3. EMPLOYEE SIGNATURE AND DATE

I understand that false statements herein are subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities. I understand that should any of the information set forth in the questions pertaining to the Supplementary Employment changes, I must submit a new Supplementary Employment Request Form.

Employee's Signature

Date

Note that supplementary employment, including supplementary employment for senior level positions, voluntary activities, and political activities, is governed by *Executive Order 1980-18, Code of Conduct, and Management Directive 515.18 Amended Supplementary Employment*

SECTION 4. FOR USE BY THE HR SERVICE CENTER ONLY

Approved

Disapproved

Disapproval Reason