PURSUANT to the authority vested in the Jefferson County Commission by law, the following Administrative Order is hereby issued:

PURPOSE

To establish a uniform policy and procedure for County employees to obtain approval for outside work in order to avoid conflicts of interest.

POLICY

This policy shall implement Personnel Board Rule 17.3, Conflict of Interest.

As used herein “outside work” shall include self-employment, contractual work or providing services to an employer other than the County, for personal profit. “Conflict of interest” shall exist when outside work interferes in any manner with the employee performing the County job.

Employment with the County has precedence over any outside work. All outside work requires prior written approval by the department head. Approval shall be granted unless the department head determines such work can cause a conflict of interest or the outside work is incompatible with the County job. Failure to obtain prior written approval is a violation of policy. The approval form will be retained in the employee's permanent personnel file. This approval is valid until the outside work changes or a conflict of interest occurs or can occur or incompatibility arises or the approval is revoked.

Any outside work during County work hours is prohibited unless the employee uses approved vacation leave. The use of County owned equipment or supplies such as tools, office supplies, cell phones, computers, automobiles, etc., in connection with outside work is prohibited.

II. PROCEDURE

The requestor shall complete a “Request to Engage in Outside Work” form (attached hereto as Exhibit “A”), and submit it to the Department Head for approval. The Department Head shall act on the request promptly but in no event more than seven (7) calendar days after submission. Failure to act within seven (7) days shall
be deemed to be approval. To ensure compliance with Personnel Board Rule 17.3, a copy of the completed Request form shall be forwarded to the Personnel Board for inclusion in the employee's permanent personnel file.

Following approval of outside work, if the department head determines that a conflict of interest has occurred or can occur or there is incompatibility with the County job, written notification will be provided to the employee. If the violation is not resolved to the satisfaction of the department head the approval shall be revoked with written notification to the employee. A continuing conflict of interest or incompatibility may result in disciplinary action against an employee including termination.

ORDERED at the Jefferson County Courthouse this 12th day of November, 2003.

LARRY P. LANGFORD, President
Jefferson County Commission

APPROVED BY THE
JEFFERSON COUNTY COMMISSION
DATE: 11-12-03
MINUTE BOOK: 143
PAGE(S): 217-218
JEFFERSON COUNTY
Request to Engage in Outside Employment

Part I. Information and Certifications

Employee's Name: ________________________________
Job Title: ________________________________ Supervisor: ________________________________
Name, address, county of other employer/business: _______________________________________

Type of Business:

Hours worked per week: ________________________________
Days worked per week: ________________________________
Total hours worked per month: ________________________________
Basic job duties: ______________________________________

I certify that I have read and understand the Jefferson County Personnel Board Policy, Rule 17.3, on outside employment. Outside employment will not constitute a conflict of interest with my County employment. I further understand that this approval is valid until withdrawn or outside employment changes.

I certify that employment is outside of my assigned duties and scheduled work hours and as such, I hereby waive any rights to Workers’ Compensation associated with outside employment and release Jefferson County from any claims or liabilities that may result from outside employment.

Employee’s Signature ________________________________ Date ________________________________

Part II. Considerations (to be completed by your supervisor)

Length of departmental service: ________________________________ Attendance: ________________________________
Comments: ______________________________________

Part III. Approval/Disapproval (to be completed by your Dept. Head)

Approved ________________________________ Disapproved ________________________________

Department Head’s Signature ________________________________ Date ________________________________

Reason for disapproval: ______________________________________

Part IV. Termination of Outside Employment

Date outside employment terminated: ________________________________

Employee’s Signature: ________________________________ Date: ________________________________