STATE OF MARYLAND
DEPARTMENT OF GENERAL SERVICES
MARYLAND CAPITOL POLICE

Request to Engage in Secondary Employment

Name: _____ Rank: _____ ID#: _____
Last First MI

Current Assignment: _____

Full Name of Secondary Employer
(If self employed indicate "Self"): _____

Address of Secondary Employer: _____

Detachment nearest business location: _____

Telephone Number of Secondary Employer: _____ Contact Person: _____

Type of Business or Employment
(i.e., Restaurant, Retirement Community, Shopping Center, etc.): _____

What will be your specific duties (i.e., Security, Salesperson, etc.)? _____

Address/Location and Telephone Number of
where you can be reached while working: _____

What will be your regular work hours?
(Specify Days of Week and Daily Work Hours) _____

If you will be working irregularly, describe the arrangement
& specify the anticipated Total Hours per Calendar 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) _____

Do you have to join a Labor Union to work this secondary employment? ☐ Yes ☐ No

If Yes, What is the name of the Labor Union? : _____

Protection Provided by Employer: ☐ **None** ☐ **Social Security/FICA** ☐ **Worker's Comp.** ☐ **Liability Protection**

I have read and understand Directive 4-112 and 4-113 of the Department's Directive 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. I further understand that I must resubmit this request annually during the month of January if the secondary employment continues from one year to the next. I affirm that the information provided on this form is true and accurate to the best of my knowledge.

_____ _____
Employee's Signature **Date**

COMMANDER'S REVIEW

Secondary Employer Contacted: Date: _____ Time: _____ Contact Person: _____

Replies (more space on other side): _____

Is the secondary employer currently involved in or have the immediate potential to become involved in a labor dispute? Yes No

If business not in commander's jurisdiction was information sought on the history of business involved with law enforcement?

☐ Yes ☐ No If No, why: _____

☐ Approved Secondary employer contacted by: _____

☐ Denied for the following reason(s): _____

_____ _____
Commander's Signature **Date**

EMPLOYEE INFORMED of APPROVAL or DISAPPROVAL

_____ _____
Employee Signature Acknowledging Approval/Disapproval Date

ACTION BY DEPUTY CHIEF
When Employee Requests an Appeal

☐ Approved

☐ Denied for the following reason(s): _____

_____

_____ _____

Deputy Chief's Signature **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 position and/or other assigned duties.

I have revoked the approval to work secondary employment for the following reason(s):

_____ _____

Commander's Signature **Date**

EMPLOYEE INFORMED OF REVOCATION OF APPROVAL:

_____ _____

Employee signature acknowledging that approval has been revoked Date

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WITHDRAWAL OF SECONDARY EMPLOYMENT REQUEST

I am hereby withdrawing my request and terminating the requested secondary employment

_____ _____

Employee Signature Date

Use for additional comments:

MCP Form 168 (04/15)

Original: Personnel File
Copy: HRD (Approved Requests and Termination Notifications)
Copy: Employee