Notification of Additional/Self Employment or Board/Commission Service

To prevent secondary/self employment or board/commission service from creating a conflict of interest or incompatible position with Wood County employment, employees seeking or engaged in such service shall complete this form. (This includes additional employment within Wood County Government.)

Employee _____ Department _____

Title _____ Phone Number _____

Secondary Employer/Appointment _____

Address _____

Employment Title/Position _____

Employment Status: ☐ Full Time ☐ Part Time

Effective Date _____ Hours per Week _____

Days Worked _____

Description of Duties/Responsibilities

I understand that my additional/self employment or my board/commission service must not:

a) conflict with the interests of the County,
b) have a negative affect on my ability to perform the duties of my position;
c) disrupt or interfere with the normal operations of the County (job and time conflicts shall be resolved in favor of the County);
d) impose additional financial or operational burdens upon the County; and/or
e) violate Ohio Ethics Law or create incompatible positions.

Employee Signature _____ Date _____

Review and approval by the Appointing Authority/Department Head indicates that this potential secondary service does not constitute a conflict of interest as defined by Ohio Ethics Law or incompatible positions.

Request Review by Prosecuting Attorney: ☐ No ☐ Yes (Date Submitted: _____)

Conflict Identified: ☐ No ☐ Yes Compatible Position: ☐ No ☐ Yes

Department Head Review: ☐ Approved
☐ Denied (if denied, state the reason(s) for the disapproval)

_____

_____ _____
Department Head Signature Date

cc: Appointing Authority personnel file