



HUMAN RESOURCES DIVISION

## Secondary Employment Application

Please refer to the relevant policies, procedures and forms: [Secondary Employment Policy](#) and [Secondary Employment Application](#).

The Secondary Employment Policy applies to all University staff, including academic and professional services staff and continuing, fixed term and casual staff. The Policy requires any form of secondary employment to be approved prior to commencement and in accordance with the provisions of the Policy.

**All Secondary Employment Applications must be approved prior to commencement of secondary employment. Requests should not be considered approved unless the applicant has received written approval from the delegated officer.**

Secondary Employment Applications **must** be accompanied by the **Conflict of Interest Declaration**.

Completed forms should be emailed to the Human Resources Division ([hr-reception@uow.edu.au](mailto:hr-reception@uow.edu.au)).

### Section A: Employee Details

Last Name  First Name

Employee Number  Position

Faculty/Division  School/Unit

### Section B: Secondary Employment Declaration

#### Consultancy or employment details:

Name of organisation

Position held

Nature of work

Time committed per week  Expected duration

Start Date  End Date

Additional information:

### Section C: Employee Declaration

I am seeking approval to undertake secondary employment as outlined in **Section B** ☐

I have read and understood the Secondary Employment Policy ☐

Signature  Date

#### Section D: Executive Dean/Director Determination

I have reviewed this application and determine that:

There is **no** conflict of interest, or potential for a perceived conflict of interest, in relation to this application to undertake secondary employment; **or** ☐

There is a conflict of interest, or potential for a perceived conflict of interest, in relation to this application to undertake secondary employment (complete **Section D(1)**) and

(a) I confirm the conflict of interest, or potential for a perceived conflict of interest, is **remote** and requires no further action other than to be recorded; **or** ☐

(b) I confirm the conflict of interest, or potential for a perceived conflict of interest, has been discussed with the employee and their supervisor and the strategies listed below will be put in place to manage the conflict in a manner consistent with the procedures provided in the Secondary Employment Policy (complete **Section D(2)**); **or** ☐

(c) I confirm that the conflict of interest, or potential for a perceived conflict of interest, is **not approved**. I have discussed this with the employee and their supervisor (complete **Section D(3)**). ☐

**Section D(1):** Nature of the conflict of interest, or potential for a perceived conflict of interest:

**Section D(2):** Strategies to manage the conflict of interest, or potential for a perceived conflict of interest:

**Section D(3):** Reasons the Secondary Employment Application is **not approved**:

If the employee's situation presents a conflict of interest and that conflict cannot be resolved or you require advice please contact your [HR Business Partner or HR Advisor](#).

Name

Position

Signature

Date