

Secondary Employment Overview

The following should answer employee's questions regarding secondary employment.

State Administrative Manual states:

Any employee with secondary employment must complete a Secondary Employment Disclosure form (found at [Department of Administration Purchasing Division's website](#) and in this Overview Document below) and submit it for approval by the agency head.

When an employee obtains or has a change in their secondary employment, they must submit a Secondary Employment Disclosure form within 30 days of acceptance and must renew the Disclosure by July 1st of each year.

The agency head must review the form for conflicts with State employment. Approved forms should be filed in the employee's personnel file.

Secondary employment includes but not limited to contracts with the State, work with temporary employment agencies, and provider agreements.

Additional Resources:

Nevada Revised Statutes (NRS) states:

NRS 284.143 Unclassified service: Certain persons may pursue other businesses or occupations or other office for profit. Except as otherwise provided in [NRS 281.127](#), a person in the unclassified service of the State who has been appointed or employed for service in a department, division, agency or institution, other than a director of a department, may pursue any other business or occupation or hold any other office for profit if:

1. The other employment does not conflict with the duties the person is required to perform in the person's unclassified service;
 2. The other employment does not conflict with the hours during which the person is required to perform those duties; and
 3. The person has obtained the approval of the person's supervisor.
- (Added to NRS by 1995, 2310)

Nevada Administrative Code (NAC) states:

NAC 284.738 Conflicting activities. ([NRS 284.065](#), [284.155](#)) Employees shall not engage in any employment, activity or enterprise which has been determined to be inconsistent, incompatible or in conflict with their duties as employees, or with the duties, functions or responsibilities of their appointing authorities or agencies by which they are employed.
[Personnel Div., Rule XI § A subsec. 1, eff. 8-11-73]

NAC 284.742 Appointing authorities authorized to define conflicting activities. ([NRS 284.065](#), [284.155](#))

1. Each appointing authority may determine and describe in writing, subject to the approval of the Commission, those specific activities which, for employees under his or her jurisdiction, are considered inconsistent, incompatible or in conflict with their duties as employees.
2. The appointing authority shall provide a copy to each employee.
3. In making this determination, the appointing authority shall consider the prohibitions described in [NAC 284.650](#) and [284.746](#) to [284.762](#), inclusive.

[Personnel Div., Rule XI § A part subsec. 2, eff. 8-11-73]—(NAC A by Dep't of Personnel, 10-26-84)

NAC 284.766 Full-time service required. ([NRS 284.065](#), [284.155](#)) Each employee shall, during his or her hours of duty as an employee and subject to such other laws or regulations as pertain thereto, devote his or her full time, attention and efforts to state employment.

[Personnel Div., Rule XI § B, eff. 8-11-73]

Secondary Employment Disclosure

Employee Name: _____
Employee ID number: _____
Name of Secondary Employer: _____
(If self employed, enter the business name)
Address of Secondary Employer/Self Employment: _____
Secondary Employer Phone Number: _____

Describe the nature of the work performed by the secondary employer or self employment business.	
Might this activity require or induce you to disclose controlled information obtained as part of your job or impair your independence or ethics?	
List the specific duties, functions, and activities that you personally will perform for the secondary employer or in the self-employment business.	
Document your work schedule with the secondary/self employment; how many and what hours weekly; what your State work schedule is; how many and what hours you will work weekly. Will this conflict with your State work hours?	
If applicable, list provider agreements, brief scope of services, and associated State agencies.	

Comments:

Employee statement

_____ I certify that my outside employment does not present a conflict with my State employment. The employment may not be construed as an extension of my duties or responsibilities with the State. I will devote my full time, attention and effort to State employment during official duty hours and not to contractual obligations. If a potential conflict arises, I will notify my supervisor and agency head, within three business days. I agree to submit a new application for approval by July 1 of each year, or within 30 days of a change in outside employment status.

Employee's agency head shall check one of the following statements:

_____ I have reviewed the information provided on this form and determined that this secondary employment **DOES NOT** present a real or potential conflict of interest to the State of Nevada.

_____ I have reviewed the information provided on this form and determined that this secondary employment **DOES** present a real or potential conflict of interest to the State of Nevada.

Employee's Signature and Date

Agency Head's Signature and Date