RHONDDA CYNON TAF COUNCIL

Secondary Employment Request

You must complete this document in full and forward to your line manager for consideration.

Your contract says you must give your full working time to the Council. You cannot take on any other job, public role, or appointment without the Council's permission. The Council understands some employees may have extra jobs or do voluntary work. If you do, these rules apply:

- You must not do this work during your contracted Council hours.
- You must not take any job (including self-employment) that conflicts with the Council's interests or damages public trust in the Council.
- If you plan to do private work within the County Borough that could involve the Council, you must tell us and get approval from the Chief Officer.

1. Personal Details

Name:	
Job Title:	
Group / Service:	
Hours of Work:	
No of Day/Shifts:	
Working Pattern:	

2. Secondary Employment/Work Details

I have other employment/work: Y/N

I am considering secondary employment/work: Y/N

Name, address and contact number of employer/business:

Nature of the secondary employment (brief description of duties and responsibilities including risks):

Type of work: ❑Paid ❑Unpaid ❑Voluntary ❑Casual

Hours of secondary employment:	
Working pattern:	
Proposed Commencement Date/ Date Commenced:	

3. Declaration

I declare that the information contained within section 1 and 2 are correct and that I do not believe that secondary work/self-employment in this instance will have a detrimental effect on my work at Rhondda Cynon Taf Council.

I confirm that:
*Please delete

* I am not aware of any potential conflicts of interests

* I will discuss any potential conflicts of interest with my line manager

I confirm that I understand that this arrangement will be subject to an annual review, but should there be an adverse effect on my well-being, attendance or performance at work this permission may be withdrawn.

I confirm that where I am required to be professionally registered with a professional body to undertake this work, I have informed them of my secondary employment and the independent nature of this supplementary work.

It is your responsibility to ensure that the combined working hours and work pattern do not breach the 'Working Time Directive' and comply with the HMRC requirements.

Employee Signature:	
Print Name:	
Date	

4. Completion by Line Manager

Date Application Received:	
Date Application Discussed with employee:	
Date Annual Review of Arrangements due:	

4a. Potential Conflict of Interest

Are there any potential conflicts of interest: Y/N

If yes, please provide details in the space below:

4b. Consider Working Time Regulations

Can the Employee's current working pattern accommodate the proposed secondary employment without compromising this Councils obligations regarding Working Time Directive. Y/N

4c. Consider Employee Attendance and Performance

Are there any concerns with attendance and/or Performance in their current role that could impact on the request to undertake secondary employment? Y/N

If yes, please provide details in the space below:

Manager Signature:	
Print Name:	
Date	

5.0 Approval from Head of Service

Request approved Y/N

If yes, please use space below to record any comments and/or conditions relating to the agreement:

If no, please use space below to provide full details of your decision:

Head of Signature:		
Print Name:		
Date Employee Notified of Decision		

Once complete and employee notified please forward form to Human Resources for placement on the employee's personal file.