

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): \_\_\_\_\_

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\_\_\_\_\_  
**Deputy Chief's Signature**

\_\_\_\_\_  
**Date**

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**REVOCAION 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

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**Use for additional comments:**