



GENERAL ORDER

GENERAL ORDER 110.14 Secondary Employment Policy

ADMINISTRATIVE SERVICES

Issue Date: 1/30/2004

Revision Date: 9/26/2013

1 APPLICABILITY

2 All Career and Civilian Personnel

3 POLICY

4 Howard County Department of Fire and Rescue Services (the Department) recognizes the desire of some
5 employees to engage in secondary employment. The Department shall, however, impose reasonable
6 limitations on such employment.

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8 Secondary employment is subject to all conditions and limitations imposed by Howard County
9 government, including stipulations of the Howard County Employee Manual, Howard County Code
10 Section 22.204 and the Howard County Charter Section 901 and the Fire Chief.

11 DEFINITIONS

- 12 ➤ **Career personnel:** All paid, benefitted, and full-time uniformed employees.
- 13
- 14 ➤ **Civilian personnel:** All paid, benefitted, and full-time non-uniformed employees.
- 15
- 16 ➤ **Employee:** Career and civilian personnel employed by Department of Fire and Rescue Services
17 (HCDFRS).
- 18
- 19 ➤ **Full-time:** 40 or more hours in a work week.
- 20
- 21 ➤ **Liability:** One person's legal responsibility to pay for any losses or damages incurred by another.
- 22
- 23 ➤ **Off-Duty Employer:** Any person, partnership, corporation, professional association or other entity
24 who also employs an employee of HCDFRS, including "self-employment."
- 25
- 26 ➤ **Secondary Employment:** Any work, occupation, labor or profession that results in payment of any
27 kind to a HCDFRS employee in addition to that earned from the Department.

29 All career members of the Department, including new appointees, are required to complete and submit
30 through proper channels the "Permission To Engage In Outside Employment" form (**Attachment A**).

31

32 The rules and procedures are not intended to create any financial hardship, but rather to ensure that
33 employment with Department remains the prime responsibility of all full-time employees and to ensure
34 that any form of secondary avoids conflicts with Departmental duties and responsibilities.

35

36 In accordance with the County Employee Manual, all employees are restricted from engaging in
37 secondary employment where there is a conflict of interest or the appearance of a conflict of interest. If
38 the secondary employment could bring either the Department or its personnel into disrespect or
39 disfavor, then the secondary employment is prohibited. As stated in the Employee Manual, examples of
40 such prohibited conduct are:

41

- 42 • Being employed by any individual who or company which has contractual or other business
43 relationships with the County; and
- 44 • Being employed by or associated with any individual, business, or entity which is subject to the
45 authority of a County agency or department for whom the employee works.

46

47 An employee's primary duties, obligations and responsibilities are to Howard County and the
48 Department, not the secondary employer. No employee shall engage in secondary employment that
49 affects or is deemed likely to impact on their effectiveness as an employee of the Department. If the
50 secondary employment could impair the employee's efficiency or ability to perform their Department
51 duties, then the secondary employment is prohibited.

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53 An employee shall not engage in any secondary employment, private business or profession during the
54 hours in which they are regularly scheduled to work for the Department. While working for a secondary
55 employer, an employee's work status with the Department may not be listed as sick leave, workers'
56 compensation leave, long-term disability, leave of absence without pay, modified duty or trade of shift.

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58 No Department employee will be granted permission for secondary employment if the employee is
59 considered essential personnel for the secondary employer.

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61 No Department employee can be a full time employee for another employer.

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63 All uniformed personnel remain subject to call back at any time for emergencies or operational needs.
64 Some civilian personnel may be subject to call at any time for emergencies or operational needs.

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66 Under NO circumstances should departmental equipment, uniforms, resources, technology or vehicles be
67 used in the engagement of secondary employment.

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69 Whenever a supervisor places an employee on six-month review and/or performance improvement plan,
70 the supervisor shall be responsible for notifying the employee of the restriction about engaging in
71 secondary employment, unless written permission for continuation of secondary employment is obtained
72 from the Chief of the Department (or designee). The supervisor shall also notify the Assistant Chief,
73 Administrative Services of the employee's status via chain of command.

74 The Assistant Chief, Administrative Services (or designee) shall oversee adherence to the secondary
75 employment policy and process. Secondary Employment forms will be retained in the employee's
76 personnel file. A list of personnel and their approved secondary employment shall be made available
77 upon request to the Chief (or designee).

78
79 The Chief may cancel, temporarily or permanently, the approval for any personnel to engage in
80 secondary employment. The employee concerned shall be notified in writing of the reason(s) for such
81 cancellation.

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83 **LIABILITY**
84 Neither the Department nor Howard County government will assume any liability including workers'
85 compensation, for any injury, damage or civil action incurred by personnel while they are performing
86 secondary employment activities.

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88 Neither the Department nor Howard County government will provide a legal defense for legal claims
89 arising from the secondary employment activities of an employee.

90 **REFERENCES**

91
92 **SUMMARY OF DOCUMENT CHANGES**

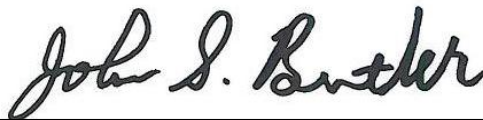
93 Converted to newest GO version 4/18/2013 by SG #8232.

94 **FORMS/ATTACHMENTS**

95 **Attachment A** – Secondary Employment Form

96 **APPROVED**

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Deputy Chief John S. Butler
Operations Command

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SECONDARY EMPLOYMENT

No, I AM NOT SECONDARILY EMPLOYED (FILL IN EMPLOYEE INFORMATION ONLY AND SIGN BELOW)

YES, I AM SECONDARILY EMPLOYED, OR MY SECONDARY EMPLOYMENT STATUS HAS CHANGED, AND I AM PROVIDING THE FOLLOWING INFORMATION:

EMPLOYEE INFORMATION:

Name: _____ Date: _____
Rank: _____ Work Location: _____
Supervisor: _____ Phone: _____

SECONDARY EMPLOYER INFORMATION: (if more than one secondary employer use another form)

Name of Secondary Employer: _____ Work Phone: _____ Hire Date: _____
Address of Secondary Employer: _____

Are you self-employed or own interest in the company? YES NO

Secondary Work Schedule: _____ average # hours per week.

Nature of employer's business and description of duties to be performed (if self-employed or own interest in the company, please describe the nature of the business and your duties/role):

TERMINATION OF SECONDARY EMPLOYMENT:

I am **NO** longer engaged in the following outside employment – which I previously reported:

Name of Secondary Employer: _____ Work Phone: _____
Address of Secondary Employer: _____
Termination Effective Date: _____

EMPLOYEE CERTIFICATION:

I certify that the above information is correct and I have read and understand: DFRS GO # 110.14, Howard County Employee Manual, Howard County Code Section 22.204 and the Howard County Carter Section 901.

Employee Signature Date

APPROVAL SIGNATURES:

Approve Disapprove _____ Date _____
Battalion Chief
 Approve Disapprove _____ Date _____
Assistant Chief, ASB

Distribution: Employee Personnel File