

**DEPARTMENT OF CHILD SERVICES  
SUPPLEMENTAL EMPLOYMENT AUTHORIZATION**

***PART A: To be completed by employee:***

<b>Employee Information</b>	
Employee Name	
Title	
Location	
Office Phone	
Email	
<b>Supplemental Employment Information</b>	
Business Name	
Business Address	
Business Phone	
Nature of Business	
Position Title	
Summary of Duties	
Proposed Work Schedule	
Proposed Weekly Hours	
<p>My signature below indicates that I have reviewed and understand the terms and conditions outlined in the DCS Supplemental Employment policy. The proposed supplemental employment will not interfere with my ability and availability to perform my job responsibilities with DCS. I agree to notify my supervisor in the event that my supplemental employment is terminated or my duties associated with the supplemental employment change significantly.</p> <p>Signature _____ Date _____</p>	

**PART B: To be completed by supervisor:**

Supervisor Name	
Title	
Office Phone	
Email	
Select one of the following:	
A. <input type="checkbox"/> My signature below indicates that the employee listed below has been approved for supplemental employment. I have reviewed the applicable references in Section II of the DCS Supplemental Employment policy and have found that no conflict of interest exists.	
B. <input type="checkbox"/> My signature below indicates that I have not granted this request based on the following conflict of interest:	
C. <input type="checkbox"/> I have not made a determination about a conflict of interest, and instead have forwarded this request to the appropriate DCS ethics officer for review.	
Signature _____ Date _____	

**PART C: To be completed by ethics officer if supervisor has checked option C in PART B above**

Ethics Officer Name	
Title	
Phone	
Email	
Select one of the following:	
A. <input type="checkbox"/> My signature below indicates the employee has been approved for supplemental employment.	
B. <input type="checkbox"/> My signature below indicates that the supplemental employment referenced above constitutes a conflict of interest with the employee's official DCS duties and the employee's request has therefore been denied. See attached for details.	
C. <input type="checkbox"/> The Indiana State Ethics Commission was consulted for an advisory opinion. Based on the opinion (attached), the employee's request has been: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Signature _____ Date _____	

**PART D: To be completed by employee upon termination of supplemental employment:**

This is to notify DCS that I terminated the supplemental employment (above) has been terminated.	
Signature _____ Date _____	