

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS**

**OUTSIDE EMPLOYMENT FORM**

**SECTION I: TO BE COMPLETED BY EMPLOYEE:**

Name: \_\_\_\_\_

Office/Division: \_\_\_\_\_ Position Title: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Phone Number (include area code): \_\_\_\_\_

Address (include zip code): \_\_\_\_\_

Number of Working Hours per Calendar Week (please include work schedule): \_\_\_\_\_

State Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Does the Employer have a business relationship with SCDDSN?:  Yes  No

Detailed Description of Outside Employment Duties:

If employment involves any of the following, check the appropriate box and explain on an attachment, with a listing of your clients.

- Consulting/Advising on matters related to the business of the Department
- Interacting with or transacting business with South Carolina State Government
- Teaching, writing, or lecturing on matters relating to Department business
- Dealing with persons or firms with whom you may come into official contact on regulatory or procurement matters
- Canvassing or soliciting in which you initiate contact with others
- Any other activities that could create the appearance of a conflict with the Department

**EMPLOYEE'S CERTIFICATION**

I hereby request approval of outside employment and certify that my services in connection with the outside employment or business referred to above will not have a conflict with or infringe on my duties with or responsibilities to the Department. I understand the Department reserves the right to withdraw approval of my outside employment at any time. I further understand that if my outside employment is approved, I must:

1. Reapply for written permission if the nature of this employment changes at any time;

\_\_\_\_\_  
Employee's Signature

Date: \_\_\_\_\_

**SECTION II: FINAL ACTION - OFFICE OF GENERAL COUNSEL:**

Request is: Approved    Not Approved

Comments or Special Conditions:

\_\_\_\_\_ Date: \_\_\_\_\_  
General Counsel's Signature

**RESPONSIBILITIES**

Section I: Employee

1. Report any outside employment to the Office of General Counsel.
2. Complete an Outside Employment Form and obtain approval prior to performing duties related to outside employment.

Section II: Office of General Counsel

1. Review Outside Employment Form for possible conflict of interest.
2. Approve or disapprove Outside Employment Form.

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS (DDSN). THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. DDSN RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.**