

Document 3: Approval for Secondary Employment

A Medical Officer who wishes to undertake secondary employment through a Medical Locum Agency must complete this form and obtain the support of their supervisor/department head and the approval of their Local Health District/Specialty Network Chief Executive or delegate. An authorised copy of the completed form must be provided to a Medical Locum Agency on registration for locum work in a NSW Public Health Organisation.

Medical Locum Agencies must provide an authorised copy of an Approval for Secondary Employment form to a NSW Local Health District/Specialty Network Medical Workforce Unit together with pre-placement and credentialing documents in respect of any candidate who is a NSW Health employee and is put forward for locum work in a NSW Public Health Organisation.

NSW Health employee and employment details			
Stafflink no.			
Surname		Given name(s)	
Position number		Position title	
Current facility/ service		Department	
Local Health District/SN		Contact tel. no.	
Brief description of substantive employment			
Contracted hours of work per week			
Hours of regular overtime per week			
Total hours per day travelling to/from work per week			

Proposed secondary employment	
Employer/casual pool/agency	
Number of proposed hours per week	
Preferred shifts per week	
Preferred days	
Brief description of proposed employment	
Total hours per day travelling to/from proposed employment	
Employee declaration	

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I have read and understood the information provided with this form.

I agree to comply with the NSW Health PD2015_049 *Code of Conduct*, in particular, the standards set out in section 4.3 of the *Code of Conduct* regarding secondary employment.

I agree to comply with the requirements of the NSW Health Policy Directive PD2015_045 *Conflicts of Interest and Gifts and Benefits* in relation to secondary employment.

I confirm that any secondary employment will be undertaken in my own time, will not adversely affect my substantive role, will not lead to a conflict of interest, use of Health Service resources or Health Service information and will not affect my work performance, safety or the safety of colleagues, patients, clients or the public. I confirm that my substantive employer has the right to review and cancel this arrangement at any time.

Employee signature

Date

Supervisor / Department Head

Request not supported ☐ for the following reasons:

Request supported ☐ with the following conditions:

Approval is granted until (date).

The hours worked in secondary employment should not exceed(number) per week.

The employee must ensure that there is a gap of at least 8 hours for rest, excluding travel time, between shifts for any employer.

The employee must maintain a record of hours worked and provide a copy of the record on request.

Signature

Position

Date

Local Health District/Specialty Network Chief Executive, or delegate

Chief Executive name

Chief Executive signature

Delegate name

Delegate position

Delegate signature

Request approved ☐

Request not approved ☐