

Secondary Employment Form

Pursuant to the University System of Maryland regulations, your secondary employment at the University of Baltimore must be approved by your primary employer/department. The requested certification is necessary regardless of whether you have more than one job at UB or have a job at another State agency and an additional job at UB.

Please obtain approval by having the Hiring Department at the University of Baltimore complete Section I, and your department manager at your primary job complete Section II and return it to your department at UB.

Employee Name: _____

Section I (to be completed by the UB Hiring Department):

Position Title: _____

Department: _____

Job Description: _____

Dates of Employment: _____

Specific times and days per week (if applicable): _____

Section II (to be completed by the manager at the employee's primary job):

Primary Position Title: _____

Name of State Agency or UB Department: _____

This serves as certification that _____ (Employee Name) is a full time employee, and that the requested employment set forth above at University of Baltimore is in addition to and will not interfere with the employee's normal working hours. I hereby approve the employment as described above.

Manager (signature)

Date Signed

Manager (print name)