

## **Employment - Determination of Conflict**

Employee Name		Date	
IHLS Job Title	Work Location		
I understand that I may choose to (or h workshops and seminars, or do volunta IHLS responsibilities. I also understan and scheduling expectations as all other	ary work as long a d that I will be hel	as that job does not interfere with my	
I do not have secondary employment	ent (or)		
I do have secondary employment.	Information on my	y secondary employment is below:	
Name of Employer (or Prospective Employer)	)	Job Title of Secondary Job	
Typical Work Days		Typical Work Hours	
Primary Job Duties:			
Employment Relationship			
Employee Consultant	Other (speci	fy):	
	U Other (speci	19).	
Employee Signature	_	Date	
Supervisor Signature		 Date	
Executive Director's Recommendation	: The secondary	y job does not present a conflict of interes	
	The secondar	ry job does present a conflict of interest	
Executive Director's Signature		Date	
Board of Director's Decision:	Concur with	recommendation	
	Does not co	oncur with recommendation	
	 Initials	Board Meeting Date	

Rev: 2/2013