

# SECONDARY EMPLOYMENT APPROVAL FORM

**APPROVAL REQUIREMENT:** Pursuant to Section XIII of the Chicago Public Schools Code of Ethics, all CPS employees who have Secondary Employment at the time of hire or any time during their employment with the Board must get approval from their supervisor and submit such approval to the Ethics Advisor, subject only to the following exception:

**EXCEPTION:** Bargaining unit Employees with a regular work schedule of less than 52 weeks need not obtain written approval for intersession Secondary Employment but must report such employment on a SECONDARY EMPLOYMENT INTERSESSION REPORTING FORM.

## CPS EMPLOYEE IDENTIFICATION INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

WORK PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

CPS JOB TITLE \_\_\_\_\_

SCHOOL NAME / NETWORK or DEPARTMENT \_\_\_\_\_

HOURS: (Please specify start and end times for each day [Ex. Mon. 9am - 4pm ]

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

Variable/Other Hours: (Please describe): \_\_\_\_\_

**YOU MUST COMPLETE ALL BOXES**

<b><u>SECONDARY EMPLOYER: NON-CPS EMPLOYER/BUSINESS</u> (Including ownership/partnership in any business)</b>	
NAME OF EMPLOYER OR BUSINESS	TYPE OF BUSINESS
ADDRESS	Is this address where you perform your duties? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, Please provide address where you perform your duties:
NAME OF SUPERVISOR	TITLE OF SUPERVISOR
DESCRIPTION OF DUTIES: <i>Please be as detailed as possible. Use additional pages as necessary.</i>	
WORK SCHEDULE (Please specify start and end times for each day [Ex. Mon. <u>9am - 4pm</u> ]	
Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____	
Variable/Other Hours: (Please describe): _____	
Is this Employer/Business involved in any work with the Board? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Please Explain:	
Is this Employer/Business a not-for-profit organization? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**EMPLOYEE CERTIFICATION OF COMPLIANCE WITH SEC. XIII OF THE CPS CODE OF ETHICS:**

I, \_\_\_\_\_, certify that this secondary employment does not conflict with  
any duties or demands of my Board employment.

Print Full Name

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CPS SUPERVISOR'S APPROVAL:**

- For all school-based employees, approval must be from the School Principal.
- For all Principals and Network employees, approval must be from the Chief of Schools.
- For all Chief of Schools, approval must be from the Chief Education Officer.
- For all Executive Officers and employees, approval must be from the Chief Executive Officer
- For the Chief Executive Officer, Chief Financial Officer, General Counsel, Inspector General, and all other employees in the Administrative Office of the Board, approval must be from the President of the Board.
- For all Attorneys in the Law Department, approval must be from the General Counsel.
- For all other employees, approval must be from their Department's Chief Officer.

Supervisor's Name (Print)

Title

Supervisor's Signature

Date:

**PLEASE SUBMIT COMPLETED FORM TO:**

Andra Gomberg  
Ethics Advisor  
Office of the CEO  
125 South Clark Street  
Chicago, IL 60603

If you have any questions, please contact the Ethics Advisor, Andra Gomberg by phone at (773) 553-1312 or email at [agomberg@cps.k12.il.us](mailto:agomberg@cps.k12.il.us).

Pursuant to Section XIII of the Code of Ethics, the Ethics Advisor reserves the right to reverse any secondary employment approval that does not comply with the CPS Code of Ethics or any other statute that may govern.