

**NEVADA DEPARTMENT OF AGRICULTURE**  
**OUTSIDE EMPLOYMENT AUTHORIZATION**  
**POLICY #AG-1-HR-7**

**PURPOSE:**

To establish a policy identifying the restrictions precluding employees from any outside employment activities determined to be in conflict with employment with the Nevada Department of Agriculture (NDA) or the state.

**POLICY:**

It is the policy of the NDA to prohibit employees from engaging in any outside employment that will be in conflict with the duties of their position, or with the duties, functions or responsibilities of the NDA or the State of Nevada.

**SCOPE:**

This policy and the procedures contained within shall apply to all employees in the NDA.

**REFERENCES:**

Nevada Revised Statutes (NRS) 284.143, Nevada Administrative Code (NAC) 284.738, inclusive, and State Administrative Manual (SAM) 323.

**FORM:**

As currently provided by the NDA.

**RESPONSIBILITY:**

1. Agency Human Resource Services (AHRs) shall be responsible for:
  - a. Providing assistance to supervisors and employees in the interpretation and explanation of this policy and NAC, NRS, and SAM.
2. The Director is responsible for:
  - a. Approving or denying the Secondary Employment Request.
3. Each Division Administrator and Supervisor shall be responsible for:
  - a. Directing new employees to the location of this policy, instructing the employee to review the requirements and intent.
  - b. Monitoring employees' compliance to NAC, NRS, SAM, and this policy.
  - c. Reviewing employee requests for outside employment to determine if such employment will be in conflict.
4. Employees are responsible for:
  - a. Complying with the provisions outlined in NAC, NRS, SAM, and this policy.

**PROCEDURES:**

1. All employees shall be advised by their supervisor (during current employment) about restrictions involved in employment outside and in addition to their employment with the NDA.
2. NDA equipment, phones, office space, supplies or facilities shall not be used for any outside employment purposes.
3. Employees shall, prior to accepting outside employment, notify their supervisor of their intent to do so, and shall provide, in writing, a Secondary Employment Disclosure form to the supervisor (located on the State of Nevada Department of Administration, Division of Human Resource Management website and attached to this policy).
4. The supervisor shall review the request for outside employment to determine if in conflict with public, state or department interests. The supervisor will discuss the outside employment with the Division Administrator.
5. The Division Administrator will review an employee's other employment and will consult with the employee when, and if it interferes with the employee's assigned duties. This includes outside positions that may conflict with a demand for weekend or night-time assignments or overtime required in the employee's department position.
  - a. When unsure if there is a conflict, the Division Administrator shall consult with the Director for a final determination.
  - b. If there appears to be no conflict, the Secondary Employment Disclosure form is forwarded to the Director for review and signature approval.
6. Failure to adhere to the requirements outlined in this policy may result in disciplinary action. Disciplinary actions administered for violations of conflict of interest shall be in accordance with the Rules for State Personnel Administration, Disciplinary Procedures Section and/or the NDA's Prohibitions and Penalties.

**POLICY COMMUNICATION:**

All new employees of the NDA will receive a copy of this policy and will sign an acknowledgement that they have read and understand the conditions within. Employees needing clarification should contact Agency HR Services, their supervisor, or their Division Administrator for more information.

**DIRECTOR'S POLICY AUTHORIZATION:**

\_\_\_\_\_  
Jim R. Barbee, Director

\_\_\_\_\_  
Date

**APPROVED BY THE BOARD OF AGRICULTURE ON**

\_\_\_\_\_  
Effective Date

*This policy is not a substitute for relevant law or regulation nor does it establish additional rights beyond those provided in law and regulation. This policy is intended to be used in conjunction with the state law and the Rules for State Personnel Administration (NRS & NAC 284).*

## Secondary Employment Disclosure

---

**Employee Name:** \_\_\_\_\_  
**Employee ID number:** \_\_\_\_\_  
**Name of Secondary Employer:** \_\_\_\_\_  
 (If self employed, enter the business name)  
**Address of Secondary Employer/Self Employment:** \_\_\_\_\_  
**Secondary Employer Phone Number:** \_\_\_\_\_

Describe the nature of the work performed by the secondary employer or self employment business.	
Might this activity require or induce you to disclose controlled information obtained as part of your job or impair your independence or ethics?	
List the specific duties, functions, and activities that you personally will perform for the secondary employer or in the self-employment business.	
Document your work schedule with the secondary/self employment; how many and what hours weekly; what your State work schedule is; how many and what hours you will work weekly. Will this conflict with your State work hours?	
If applicable, list provider agreements, brief scope of services, and associated State agencies.	

Comments:

### Employee statement

\_\_\_\_\_ I certify that my outside employment does not present a conflict with my State employment. The employment may not be construed as an extension of my duties or responsibilities with the State. I will devote my full time, attention and effort to State employment during official duty hours and not to contractual obligations. If a potential conflict arises, I will notify my supervisor and Director, within three business days. I agree to submit a new application for approval by July 1 of each year, or within 30 days of a change in outside employment status.

### Employee's Director shall check one of the following statements:

\_\_\_\_\_ I have reviewed the information provided on this form and determined that this secondary employment **DOES NOT** present a real or potential conflict of interest to the State of Nevada.

\_\_\_\_\_ I have reviewed the information provided on this form and determined that this

secondary employment **DOES** present a real or potential conflict of interest to the State of Nevada.

---

---

*Employee's Signature and Date*

---

*Director's Signature and Date*