**DECLARATION OF SECONDARY EMPLOYMENT**

1. **I do / do not (delete) have secondary employment / private practice (delete).**
2. **I undertake to notify any changes** **to my manager who will inform the Workforce Team without delay.**

To be completed by the employee

|  |  |
| --- | --- |
| Signed |  |
| Name (print)  |  |
| Job Title  |  |
| Department |  |
| Work Location |  |
| Number of contracted hours per week for the organisation |  |
| Date  |  |

To be completed by the manager

|  |  |
| --- | --- |
| Name of Line Manager (print)  |  |
| Job Title of Line Manager |  |
| Date |  |
| Signature of Line Manager |  |

**Employee: please complete the secondary / practice employment proforma overleaf before returning to the Workforce Team.**

**DETAILS OF SECONDARY EMPLOYMENT**

(Strike through if not applicable)

|  |  |
| --- | --- |
| Name of Employer |  |
| Nature of Employment |  |
| Average hours per week (average based on a 17 week period) |  |
| Date commenced |  |

**DETAILS OF PRIVATE PRACTICE**

(Strike through if not applicable)

|  |  |
| --- | --- |
| Name of Business  |  |
| Nature of Business  |  |
| Estimated average hours per week (average based on a 17 week period)  |  |
| Date Commenced |  |

Please return your complete form to

Workforce Team

Yorkshire & Humber Commissioning Support

Health House

Grange Park Lane

Willerby

HU10 6DT