# Secondary

**Declaration of Secondary Employment Form**

# Employment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name |  | | | |
| **Last Name** |  | | | |
| **Payroll number/Personal reference** |  | | | |
| **Where is your Wholetime/Green Book role based?** |  | | | |
| **Line Manager Full Name** |  | | | |
| **Do you have employment outside your main role with CFRS? Please select:**  *This includes voluntary work, on-call contracts with CFRS or another Service, Associate Trainer role, self-employment or other employers.* | Yes | Had another job within the last year, but no longer have it | | No |
| **What is your main role within CFRS? Please select:** | Wholetime (Grey Book) | Green Book | |  |
| FOR WHOLETIME ONLY | | | | |
| **Have you had an on-call contract within the last year? Please select:** | No | Yes, with CFRS | | Yes, with another Fire and Rescue Service |
| **If yes above, how many hours are you contracted for per week at this job?** |  | | | |
| **If yes, when did you start working at an on-call station?** |  | | | |
| **If you no longer have this job, when did you stop?** |  | | | |
| FOR ALL EMPLOYEES  Please complete this next section if you have had secondary employment within the last year, excluding an on-call contract. | | | | |
| **Is your job paid, self-employed or voluntary?** | Paid | Self-employed | | Voluntary |
| **What is the nature of this employment?**  *Please provide a job title and brief description of the duties* |  | | | |
| **How many hours on average do you work per week at this job?** |  | | | |
| **What date did you start doing this job?** |  | | | |
| **What date did you stop doing this if you no longer have this job?** |  | | | |
| This section must be completed | | | | |
| **If you want to work more than 48 hours a week you must opt out of the Working Time Regulations.**  **Please select:** | |  | | I don't want to work more than 48 hours per week |
|  | | I am already opted out of the Working Time Regulations |
|  | | I would like to opt out of the Working Time Regulations |
| **Date:** |  | | | |
| **Signature:** |  | | | |
| Employee Declaration  Warning – False Declaration  **You are reminded that knowingly making a false declaration is a very serious disciplinary matter which could result in dismissal.**  **I declare that the details given above are correct to the best of my knowledge. I have read the warning on making a false declaration. I consent to Cumbria Fire and Rescue Service processing, by means of a computer database or otherwise, any information which I provide to them for the purpose of working hours monitoring or statistical returns.** | | | | |
| **Signature:** |  | | | |
| **Date:** |  | | | |
| **THIS FORM SHOULD NOW BE SENT TO YOUR LINE MANAGER** | | | | |
| Line Manager Comments  Please provide relevant comments on any implications of the secondary role on the employee’s CFRS role. | | | | |
|  | | | | |
| Line Manager Declaration  Warning – False Declaration  **You are reminded that knowingly making a false declaration is a very serious disciplinary matter which could result in dismissal.**  **I declare that the details given above are correct to the best of my knowledge. I have read the warning on making a false declaration. I consent to Cumbria Fire and Rescue Service processing, by means of a computer database or otherwise, any information which I provide to them for the purpose of working hours monitoring or statistical returns.** | | | | |
| **Signature:** |  | | | |
| **Date:** |  | | | |
| **THIS FORM SHOULD NOW BE SENT TO THE HR TEAM FOR PROCESSING** | | | | |
| Executive Team Comments and Authorisation *(Officer decision maker only)* | | | | |
| **Secondary employment declaration (as detailed above) authorised:** | Yes | | No | |
| **Reason for decision:** |  | | | |
| **Job Title:** |  | | | |
| **Signature:** |  | | | |
| **Date:** |  | | | |
| **Completed forms should be sent to the line manager and employee for processing and a copy to the HR team and for their records** | | | | |