# 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 DeclarationWarning – 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 CommentsPlease 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** |