State of California Department of Corrections and Rehabilitation

Memorandum

Date : January 9, 2014

To : All Office of Training and Professional Development Staff

Subject: **CALIFORNIA CODE OF REGULATIONS, SECTION 3413, INCOMPATIBLE ACTIVITY**

The purpose of this memorandum is to reiterate the Department's policy on incompatible activities. The California Code of Regulations, Title 15, Section 3413, states, in part, "Employees of the department shall not engage in any other employment or activity inconsistent or incompatible with employment by the department." Consistent with this policy, all Office of Training and Professional Development (OTPD) employees shall submit the attached form titled "Notification of Secondary Employment/Activity" to the Chief, OTPD, via their supervisory chain of command, prior to performing any secondary employment and/or activity.

The form identifies the prospective employer, the employer's contact information, and a brief explanation of proposed duties. Completion of this form shall be required annually. It will be due by January 1st of each year, or at any time when an employee would like to begin secondary employment. Your adherence to this directive is expected and appreciated.

If you have any questions regarding the information contained in this memorandum, please contact Debbie Stacy, Personnel Supervisor I, at extension 5082.

STACY LOPEZ-KASSIS, Chief
Office of Training and Professional Development

Attachment

cc: R. M. Calderon
Debbie Stacy

NOTIFICATION OF SECONDARY EMPLOYMENT/ACTIVITY
Office of Training and Professional Development

Date: _____

To: Stacy Lopez-Kassis, Chief
Office of Training and Professional Development

I, _____, hereby request permission to perform the following secondary
(PRINT NAME)
employment and/or activity:

Employer Name: _____

Employer Address: _____
(Address)

_____
(City) (State) (Zip)

Employer Phone No.: _____

Days & Hours to be Worked: _____

Employment Period: _____

Nature of Duties: _____

OTPD Position/Unit: _____

I have read and understand the provisions of the California Code of Regulations, Title 15, Section 3413, Incompatible Activity. I understand that if this request is approved, I will be notified by receiving a copy of this form bearing the written approval of the Chief, Office of Training and Professional Development. I also understand that a separate request is required for each secondary employment and/or activity.

_____ _____
Employee Signature Date

APPROVED/DISAPPROVED:

_____ _____
Employee Supervisor (Print Name and Sign) Date

APPROVED/DISAPPROVED:

_____ _____
Stacy Lopez-Kassis, Chief Date
Office of Training and Professional Development

Distribution: Chief Employee Supervisor
Employee Official Personnel File