



SECONDARY EMPLOYMENT APPROVAL FORM

Any CPS employee who has secondary employment at the time of hire or any time during his or her employment with CPS must submit this approval form to the Ethics Advisor. Secondary employment means any non-CPS employment for remuneration. Approvers are listed on page 2 of this form. However, an INTERSESSION SECONDARY EMPLOYMENT NOTIFICATION FORM should be filled out instead of this form by an employee who works for CPS less than 52 weeks per year and has secondary employment **only** during intersession.

This form may be completed electronically, but **must** be printed out and signed by the employee and the employee's approver prior to submission.

CPS EMPLOYMENT INFORMATION	
<i>Complete these boxes with information relating only to CPS employment.</i>	
NAME	WORK ADDRESS
WORK PHONE	CELL OR HOME PHONE
JOB TITLE	SCHOOL NAME/AREA OFFICE OR DEPARTMENT
DESCRIPTION OF DUTIES	
WORK SCHEDULE: Please specify start and end times for each day (for example <u>8am - 5pm</u>). Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____ Variable/Other Hours: Please describe. _____	

SECONDARY EMPLOYMENT INFORMATION (Including Ownership/Partnership in any Business)	
<i>Complete these boxes with information relating only to secondary employment.</i>	
NAME OF EMPLOYER OR BUSINESS	TYPE OF BUSINESS
ADDRESS OF EMPLOYER OR BUSINESS	Is this address where you perform your duties? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, Please provide the address where you perform your duties:
NAME OF SUPERVISOR OR SELF-EMPLOYED	TITLE OF SUPERVISOR IF NOT SELF-EMPLOYED
DESCRIPTION OF DUTIES	
WORK SCHEDULE: Please specify start and end times for each day (for example <u>6pm - 8pm</u>). Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____ Variable/Other Hours: Please describe. _____	

CPS EMPLOYEE AND APPROVER CERTIFICATION OF COMPLIANCE

By signing this form, the employee and the approver certify that this secondary employment does not conflict with any of the duties or demands of the employee’s CPS employment. Please see the chart below for secondary employment approvers.

APPROVAL CHART

Type of Employee	Approver
Chief Executive Officer	President of the Board
General Counsel	President of the Board
Inspector General	President of the Board
Employees in the Administrative Office of the Board	President of the Board
Chief Educational Officer	Chief Executive Officer
Executive Officers Reporting to Chief Executive Officer	Chief Executive Officer
Executive Officers Reporting to Chief Education Officer	Chief Education Officer
Attorneys and employees in the Law Department	General Counsel
School-based employees	School Principal
Principals and Network Office Employees	Chief Of Schools
Independent School Principals	Director of Special Projects, Teacher Quality
Principal Fellows	Chief Education Officer
All other employees	Department's Chief Officer

EMPLOYEE NAME	EMPLOYEE SIGNATURE	EMPLOYEE JOB TITLE	DATE
APPROVER NAME	APPROVER SIGNATURE	APPROVER JOB TITLE	DATE

PLEASE SUBMIT COMPLETED FORM BY U.S. MAIL, MAIL RUN, OR EMAIL TO:

Brian Caminer
 Senior Policy Advisor
 Chicago Public Schools
 1 North Dearborn, Suite
 900 Chicago, IL 60602
bfcaminer@cps.edu
 Mail Run 125

Please direct any questions regarding ethics review to Brian Caminer at (773) 553-1312 or bfcaminer@cps.edu.

PLEASE NOTE: Pursuant to Section XIII of the Code of Ethics, the Ethics Advisor reserves the right to reverse any secondary employment approval that does not comply with the CPS Code of Ethics or any other statute that may apply.