

# Newport News Police Department

## Secondary Eligibility Application for 20\_\_

Prior to engaging in any secondary employment, an officer shall submit through his chain of command to his Bureau Commander **one copy** of this application.

**Officer's Name:** \_\_\_\_\_ **Employee #:** \_\_\_\_\_ **Date of Employment with NNPD (mm/dd/yyyy):** \_\_\_\_\_

**Division/Precinct:** \_\_\_\_\_ **Current Rank:** \_\_\_\_\_ **Date Rank was Obtained:** \_\_\_\_\_

**Home #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

- A. Original approved requests will remain on file with the Secondary Employment Coordinator and are valid until **December 31<sup>st</sup>** of the year submitted.
- B. Officers only need to submit one form annually for ALL secondary employment.
- C. It is the responsibility of the scheduled officer to notify the Site Coordinator or the Secondary Employment Coordinator if he is unable to fulfill his secondary assignment. If he is unable to contact the Site Coordinator and it is after normal department business hours, it is his responsibility to find an approved substitute.
- D. It is the responsibility of the officer to provide a complete list of all secondary employment they will be working (Page 2 of this form).
- E. It is the responsibility of the officer to notify the Secondary Employment Coordinator within 72 hours of ceasing employment at any location.
- F. It is the responsibility of the officer to notify the Secondary Employment Coordinator of any new assignments, to include the number of hours working each week, prior to working the new assignment.

**CERTIFICATION /AGREEMENT FOR NNPD OFFICER**

I have read and understand the set conditions placed in this form as well as the Administrative Policy 360: **Secondary Employment**. I hereby certify that my eligibility status complies with departmental policy and my application is a complete record and that all entries and any/all attachments are true and accurate to the best of my knowledge. I understand that false or incomplete statements herein supplied are grounds for disqualification from any future secondary employment. I also understand that this employment is voluntary. By signing this form, I further acknowledge and understand that my eligibility for workers' compensation benefits provided by the City is governed by the provisions of the Virginia Workers' Compensation Act, including Section 65.2-102 of the Code of Virginia. I further acknowledge and understand that if I am injured during the course of secondary employment the City is not responsible for any injuries incurred while performing anything other than law enforcement activities. The circumstances surrounding any injury will determine whether the claim is deemed within the course of my City employment or must be filed against my secondary employer.

\_\_\_\_\_  
 NNPD Officer's Signature Date

	Approved	Denied	Signature and Date
Sergeant:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lieutenant:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Captain:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Assistant Chief: *	<input type="checkbox"/>	<input type="checkbox"/>	_____

If denied, please attach reason(s) to this form. \* Based on Employee's Chain of Command

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Name of business / Numbers of hours worked per week / Site Coordinator Y/N

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_

\_\_\_\_\_  
NNPD Officer's Signature

\_\_\_\_\_  
Date