



Additional / External Work Declaration Form

I understand that if, prior to or during my employment with Woodview, I am working privately or am employed and/or contracted to do similar business to that conducted at Woodview, I must disclose this other paid work to either the Director of Human Resources or my manager. I understand that a determination with the appropriate member of the leadership team will be made as to whether this work is permitted and therefore compliant with Woodview’s Conflict of Interest Policy.

It is not the intention of this Declaration prevent staff from obtaining work, as time permits, provided it does not pose a conflict of interest.

I understand that my independent employment will not interfere with the efficient performance of my duties at Woodview, nor conflict with my scheduled hours. I also understand that I cannot use the assets of the organization in the provision of these services.

I have reviewed the Conflict of Interest Policy and agree to all the terms outline within the policy and procedure.

I understand that this arrangement will be reviewed on an annual basis, or sooner if deemed necessary by a Program Manager or Director.

Declaration – Please choose one of the following options and complete the corresponding chart

I **currently** engage in the following paid work outside / in addition to my employment with Woodview:

Employer/Private Contract	Number of Hours per Week	Age and Nature of Client group	Municipality/Region	Type of Work

I **intend** to engage in the following paid work outside / in addition to my employment with Woodview:

Employer/Private Contract	Number of Hours per Week	Age and Nature of Client group	Municipality/Region	Type of Work

Name of Employee:

Program:

Position:

Signature: _____

Date: _____

Continued on Page 2

Review by Program Manager

Name of Program Manager:

Position:

Signature of Program Manager: _____ Date: _____

Authorization by Director – *All declaration forms must be authorized by the service director*

Additional paid work as outlined above is **Approved** / **Not Approved** / **Exception** (*select one*), and has been reviewed with the staff member.

Please provide an explanation for the selection.

Explanation: _

Name of Director:

Position:

Signature: _____ **Date:** _____

PLEASE FORWARD COMPLETED FORM TO HUMAN RESOURCES FOR INCLUSION IN PERSONNEL FILE.