

 <p>HAWAII HEALTH SYSTEMS CORPORATION <i>Quality Healthcare for All</i></p> <p>PROCEDURE</p>	<p>Department:</p> <p>Human Resources</p>	<p>Procedure No.</p> <p>HR 0017B</p>
		<p>Supersedes Procedure No.</p>
<p>Subject:</p> <p>OUTSIDE EMPLOYMENT</p>	<p>Approved By:</p> <p><i>Linda Rosen</i></p> <p>By: Linda Rosen, M.D., M.P.H. Its: President & CEO</p>	<p>Approved Date:</p> <p>September 23, 2021</p> <p>Last Reviewed:</p> <p>January 26, 2021</p>

I. PURPOSE:

To establish procedures for the administration of Hawaii Health Systems Corporation's (HHSC) Outside Employment Policy (HR 0017A).

II. PROCEDURES:

A. HHSC's VP & Chief Human Resources Officer (VP/CHRO), in conjunction with the applicable Regional Chief Human Resources Officer (RCHRO) and/or his/her designee is responsible for administering HHSC's Outside Employment Policy in compliance with State and Federal labor laws and rulings from the Hawaii State Ethics Commission. Each officer, manager, and supervisor shall be knowledgeable of this policy and procedure to ensure compliance.

B. Outside Employment Procedures

1. During the new employee orientation, employees shall be provided information regarding the Outside Employment Policy. The policy shall also be posted on the appropriate bulletin boards.
2. Employees wishing to engage in Outside Employment or who are currently working for a non-HHSC Outside Employer are required to inform his/her supervisor of the pending or current outside employment and to complete the Record of Outside Employment Form (see Attachment 1). For purposes of this policy and procedure, "Outside Employment" shall include being an employee for a non-HHSC employer and being engaged as an independent contractor for the non-HHSC employer. This record shall be placed in the employee's personnel file.
3. Upon any subsequent change in outside employment, including, but not limited to, new employment by an Outside Employer, moving to a new Outside Employer, a change in the type of work performed, and/or a modification of work schedule or work location, the employee shall be required to submit to employee's supervisor a new Record of Outside Employment Form.
4. An employee who sustains an injury or illness in connection with his/her outside employment shall immediately inform HHSC of the disability in writing.

C. Rescinding Approval of the Outside Employment

If, after an investigation, HHSC management determines that the employee's Outside Employment is or should be prohibited or restricted because it has interfered with employee's duties and responsibilities and/or adversely affected the employee's work performance, the employee may be asked to terminate his/her Outside Employment. If, however, the employee refuses to resign from Outside Employment, the employee may be subject to disciplinary action in accordance with the appropriate collective bargaining agreement and/or the HHSC Human Resources Rules, as applicable.

D. Membership on Boards and Commissions

1. Appointment of an employee to the membership on a government board/ commission unrelated to employee's HHSC position, is allowed unless service on the board or commission would be inconsistent with the duties and responsibilities of employee's HHSC position.
2. When the employee must be away from the employee's regular work because of service as a member on the government board or commission, the employee shall not, as a result of the absence, suffer any loss of the employee's regular salary or wages.
3. The time spent in service as a government board or commission member outside of the employee's regular work hours shall not be considered as time worked for overtime purposes.

III. ATTACHMENT:

Attachment 1: Record of Outside Employment

RECORD OF OUTSIDE EMPLOYMENT

To be completed by employee:

Name:	HHSC Position Title:
Region:	Facility/Department:
Name of Outside Employer:	
Address:	
Position Title:	
Duties and Responsibilities:	
Type of Business:	
Business Phone:	

Weekly Schedule (specify days and hours)

Number of Hours Per Week

Type of Employment: Permanent Temporary Full-Time Part-Time

Per Diem Working for Another Government Entity

(Check all boxes that are applicable)

I hereby certify that I have read the HHSC policy on outside employment and understand the contents of this policy. I further certify that _____

(Facility)

is my primary / secondary (circle one) place of employment. Any change in the employer listed above, change in duties and responsibilities, change in work schedule, and/or change in work status, will require the completion of a new Record for Outside Employment.

Employee's Signature_____
Date