I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes responsibilities, policies, and procedures for employees engaged in off-duty employment.

II. POLICY

The ADOC is committed to assuring that employees have an opportunity to engage in off-duty employment in accordance with state laws and procedures.

III. DEFINITION(S) AND ACRONYM(S)

A. Act 2003-396: Authorizes private sector employment for persons who are regularly employed by the state.

B. Employee: An individual with the ADOC in a full-time, part-time, or temporary position in the state’s classified or unclassified service. All other persons such as contractors, vendors, and volunteers are also subject to the ADOC’s Standards of Conduct and this regulation and failure to adhere to these regulations may result in being removed and/or barred from an ADOC facility.

C. Off-duty Employment: Private or public employment outside of the ADOC that is considered profitable in some way to an employee.

IV. RESPONSIBILITIES

A. The ADOC Commissioner is responsible for:

1. Ensuring compliance with this regulation by all employees.

2. Providing departmental approval for off-duty employment that requires the use of law enforcement powers by Correctional Officers.
B. Wardens/Division Directors shall:

1. Provide for a fair and equitable administration of this regulation.
2. Ensure compliance with Act 2003-396 and departmental procedures.
3. Post this regulation on employee access bulletin boards.

C. Employees in a Correctional Officer classification are responsible for:

1. Notifying their Wardens/Division Directors of all off-duty employment.
2. Obtaining departmental approval for off-duty employment that involves the use of law enforcement powers and equipment before assuming such employment.

D. The ADOC Legal Division is responsible for reviewing requests for off-duty employment that require the use of law enforcement powers and recommending departmental approval for such requests to the Commissioner.

E. Employees shall comply with the mandates of this regulation in accordance with their official job classifications.

V. PROCEDURES

A. An employee of the Department of Corrections may engage in off-duty/private employment provided that such employment does not:

1. Interfere with the performance of the employee’s job duties and responsibilities.
2. Bring discredit to the Department.

B. Employees in the Correctional Officer (security) classifications shall not engage in employment that:

1. Involves the wearing of an ADOC uniform.
2. Involves the carrying of an ADOC assigned weapon.
3. Includes duties that may result in endangering a life or destroying property.
4. Involves employment by a known felon or the association with known felons.
5. Involves criminal investigative work.

C. Employees in the Correctional Officer (security) classifications shall notify their Wardens/Division Directors of all off-duty employment on ADOC Form 202-A (Notification of Off-duty Employment).

D. For off-duty employment requiring departmental approval, the security employee and the off-duty employer shall complete ADOC Form 202-B (Request for Approval of Off-duty Law Enforcement Employment – Waiver and Agreement).

E. Notification and requests for approval of off-duty employment shall be submitted through normal supervisory channels and will reflect the nature of work, number of hours to be worked, and the name, address and telephone number of the employer.

F. Copies of the off-duty employment notification and approval forms are retained in the security employee's institutional or divisional file.

G. The immediate supervisor shall be notified when the security employee is no longer engaged in off-duty employment.

H. The notification and departmental approval procedures shall not be a requirement for support (non-security) employees.

VI. DISPOSITION

The forms prescribed for this regulation shall be disposed of and retained according to the departmental Records Disposition Authority (RDA).

VII. FORMS

A. ADOC Form 202-A, Notification of Off-duty Employment

B. ADOC Form 202-B, Request for Approval of Off-duty Law Enforcement Employment – Waiver and Agreement

VIII. SUPERCEDES

This regulation supercedes Administrative Regulation 202 dated November 5, 1986, as amended.

IX. PERFORMANCE

This administrative regulation updates departmental policies and procedures pertaining to the off-duty employment and is based on, but not limited to, the interpretation and application of the regulations and laws, as amended, below:

B. Rules of the State Personnel Board, 670-X-11-.02, Employee Compliance.

Denal Campbell, Commissioner
Department of Corrections
Notification of Off-duty Employment

Employee’s Name: ________________________________________________________
Address: __________________________________________________________________
Phone Number: _______________________________

1. Department of Corrections’ Information

Job Title: ____________________________________
Assigned Shift: ______________________________
Facility/Division: ______________________________________________
Immediate Supervisor: _________________________________________
Warden/Divisional Head: _______________________________________

2. Off-Duty Employment Information

Name of Off-duty Employer: ________________________________________________
Address: __________________________________________________________________
Phone Number: ______________________
Supervisor's Name: ___________________________________________
Description of Work: ______________________________________________________
________________________________________________________________________
________________________________________________________________________

I do hereby certify that this employment will not interfere with my duties and responsibilities and is in accordance with Administrative Regulation 202.

_____________________________________________
Employee's Signature

ADOC Form 202-A
Department of Corrections
Request for Approval of Off-duty Law Enforcement Employment
Waiver and Agreement

Employee’s Name: ________________________________________________________
Address: __________________________________________________________________
________________________________________________________________________
Phone Number: _______________________________

1. **Department of Corrections Information**

   Job Title: ____________________________________
   Assigned Shift: ______________________________
   Facility/Division: ________________________________
   Immediate Supervisor: __________________________
   Warden/Divisional Head: _________________________

2. **Off-Duty Employment Information**

   Name of Off-duty Employer: ________________________________
   Address: __________________________________________________________________
   _________________________________________________________________________
   Phone Number: __________________________
   Supervisor's Name: ________________________________
   Description of Work: ________________________________________________
   _____________________________________________
   _____________________________________________
   _____________________________________________
   _____________________________________________
3. **Certification - Department of Corrections’ Employee**

I do hereby certify that I, ______________________, release the Department of Corrections from any and all liability resulting from my off-duty employment as ______________________ with _________________. I further certify that this employment is in accordance with Administrative Regulation 202 and that it will not interfere with my job duties and responsibilities with the Department of Corrections.

_____________________________________________
Employee's Signature

Sworn to and subscribed before me and given under my hand this ___________ day of ____________, __________.

My commission Expires ________________________

___________________________________
Notary Public

4. **Certification – Off-Duty Employer**

I do hereby certify that I, _________________________, as an employer of ________________, an employee of the Department of Corrections, do hereby release the Department of Corrections from any and all liability and consequences resulting from my employment of said employee in a law enforcement or other capacity.

_____________________________________________
Employer’s Signature

Sworn to and subscribed before me and given under my hand this ___________ day of ____________, __________.

My commission Expires ________________________

___________________________________
Notary Public

5. **Departmental Approval**

Approved: _____  Disapproved: _____  Recommended: _____  Not Recommended: _____

________________________________________ Date:_______  ______________________ Date: _______
Warden/Division Director                              Legal Division

Approved: _____  Disapproved: _____  Date: ___________

________________________________________
Commissioner

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