



CITY OF PROVIDENCE  
MAYOR BRETT P. SMILEY

**DEPARTMENT OF PEOPLE & CULTURE**

Paul A. N. Winspeare, MBA, SHRM-SCP, SPHR, PHR, aPHR, M.  
**Chief People Officer**

Dr. Silas Otniel Rodrigues Pinto, Ph.D., NCSP  
Deputy Chief of People and Culture – [Equity, Inclusion & Talent](#)

Ashley Fioravanti, MA-HRM, SHRM-CP  
Deputy Chief of People and Culture – [Total Compensation](#)

**Additional Employment Disclosure Form**

**Instructions:**

1. Complete all sections of this form.
2. Submit the form to your immediate supervisor.
3. The form will be forwarded to the Department of People and Culture for review.

**Employee Information**

Name:	
Employee ID:	
Department:	
Position:	
Supervisor:	

**Secondary or Additional Employment Information**

Employer/ Company Name:	
Employer Address:	
Employer Phone Number:	
Position Title:	
Start Date of Additional Employment:	

**Nature of Employment:** (Please provide a brief description of duties and responsibilities; if you have more than one additional employer, please include that information below, or on an additional page and attach it to this form)

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**Employment Schedule for Additional Employment:** (Please specify days and hours)

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**Conflict of Interest and Time Commitment Assurance:**

**1. Conflict of Interest:**

Do you anticipate any potential conflicts of interest between your primary employment with the City of Providence and your secondary or additional employment?     Yes             No

If yes, please explain:

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**2. Time Commitment:**

Do you affirm that your additional employment will not interfere with your ability to meet the time and service requirements of your position with the City of Providence?     Yes             No

If no, please explain:

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**Acknowledgement and Certification**

I, \_\_\_\_\_ (employee name), hereby certify that the information provided above is true and complete to the best of my knowledge. I understand that failure to disclose secondary or additional employment, or providing false or misleading information, may result in corrective and/or disciplinary action, up to and including termination of employment with the City of Providence. I agree to disclose any new secondary or additional employment within 30 days of commencement.

<b>Employee Signature:</b>	
<b>Date:</b>	

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**For Department of People and Culture Use Only**

**Comments:**

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**Approval Status:**     Approved             Not Approved

<b>DPC Representative Print:</b>	
<b>DPC Representative Signature:</b>	
<b>Date of Review:</b>	

Revised 8/2024