

Department of Human Resources

Carol Isen
Human Resources Director



Department of Public Health

Grant Colfax, MD
Director of Health

December 14, 2022

Honorable Ahsha Safai
1 Dr. Goodlett Place, Room 244
San Francisco, CA 94102

Dear Supervisor Safai:

Thank you for your letter of inquiry regarding whether an ethics review process exists, such as an Advance Written Determination, when an employee receives outside income from an organization that has a current contract with the Department of Public Health (DPH).

Below is a summary of the current state of the DPH secondary employment review process, the improvements that DPH has made to the additional employment application process, and the steps that the Department of Human Resources (DHR) and DPH jointly propose to further improve DPH's internal review process prior to submittal to DHR for approval.

This letter focuses only on immediate improvements being made to the Department of Public Health process. DHR is simultaneously working to make enhancements to the approval and tracking system citywide. Citywide changes are expected to be rolled out in early 2023.

Current State of DPH Secondary Employment Review Submissions

SFDPH is undergoing an audit of the secondary employment status of employees. Prior to October 21, 2022, approximately 142 DPH employees have an approved additional employment.

Since October 21, 2022, due to a focused communication campaign regarding additional employment, DPH received approximately 298 additional employment submissions from full-time and part-time DPH employees. Approximately 80% of these requests come from clinical staff, including nurses, physicians, and behavioral health clinicians. DPH and DHR are in the process of reviewing these applications.

Implemented Improvements to the DPH Secondary Employment Review Process

In addition to the ongoing audit of the secondary employment status of employees, DPH has updated its additional employment request form and approval process (**updated form attached**). DPH has added a detailed supplemental questionnaire that requires employees to provide specific information about their additional employment to elucidate any potential conflicts with their city employment. This includes notification about whether they are working

for a city vendor, whether they are filing the required Form 700, and whether they are working dual appointments or overtime at DPH. Further, DPH is transitioning the manual approval process to DocuSign, which will expedite the approval process and enable streamlined documentation of the approved and rejected additional employment requests.

DPH is confident that this new process will ensure greater compliance and bring more clarity to employees about their responsibilities when seeking approval for additional employment.

Additional Proposed Improvements to the DPH Secondary Employment Request Review Process

DPH plans to implement a supplemental review of all additional employment requests that are with a City and County of San Francisco vendor before requesting final review and sign off from the Department of Human Resources. These requests will be reviewed by the DPH Office of Compliance and Privacy (OCPA) with a focus on conflicts of interest. If needed, OCPA will engage with the employee to learn more about their role and responsibilities at the vendor organization to determine whether conflict of interest issues associated with the additional employment request exist.

Please let us know if you have any further questions. You may contact SFDPH's Government Affairs Manager Ana Validzic at ana.validzic@sfdph.org or DHR's Director of Policy and External Affairs Mawuli Tugbenyoh at mawuli.tugbenyoh@sfgov.org with any additional questions.

Sincerely,



Grant Colfax, MD
Director of Health



Carol Isen
Director of Human Resources



Additional Employment Request Form Instructions

To avoid conflicts of interest and incompatible activities, City employees who want to engage in any paid employment in addition to their City employment (including a position with a different City department) must submit an Additional Employment Request and receive approval of their Appointing Officer and the City's Human Resources Director *before* starting that additional employment. Under the Civil Service Rules, Series 18, Conflict of Interest, additional employment includes any employment, position, or service—including business ownership, consulting, and working as an independent contractor—for which an employee receives compensation in any form, including salary, wage, fee, commission, or emolument.

Additional Employment Request Approval Requirements

Employees wishing to engage in additional employment must complete this form to request approval *before* beginning additional employment or *before* there is a change in the conditions of an existing, approved additional employment. Per Civil Service Rules, additional employment requests may be denied if:

- The additional employment interferes in any way with performance of the employee's City employment
- The duties or responsibilities of the additional employment are inconsistent, incompatible or in conflict with the employee's City duties or responsibilities, or those of the employee's department or Appointing Officer
- The duties or responsibilities of the additional employment are contrary to the interests of City service in general or could lead to situations that would discredit the City
- The additional employment involves any work performed during the employee's regular City work schedule

The City may revoke approved additional employment based on new information that affects the approval.

Additional Employment Request Form Requirements

An employee must fully complete this form, and include the following information:

- "Work Schedule" provides the days and hours of the requested additional employment or an estimate of hours to be worked (e.g., 3-5 hours/week)
- "Amount or value of compensation" provides an estimate of compensation the employee expects to receive for the additional employment
- "Start Date" contains a future date and "End Date" contains a date up to 12 months later than the Start Date
- "Job Duties" provides detail of the work the employee will perform in the additional employment. The description must provide sufficient detail to understand the work and identify possible conflicts, interference, or incompatibility with the employee's City employment

Any employee violating the additional employment requirements is subject to disciplinary action, up to and including termination of employment.



Instructions: Complete Section I, have your proposed employer complete Section II, then email or hand-deliver this form to your human resources department.

SECTION I	EMPLOYEE INFORMATION <i>All fields must be completed</i>								
Employee Name _____ <small>First Last</small>	City Department		DPH Public Health						
City Email _____	Job Code & Title _____								
Duration (1 Year Max) _____ <small>Start Date End Date</small>	Request Type		New	Change in Conditions			Renew		
	Self-Employed?		Yes	No					
Business Name _____	Business Address _____		Street Address _____						
Business Type _____			City		State		Zip		
Set Work Schedule? Yes _____	Start		Sun	Mon	Tue	Wed	Thu	Fri	Sat
No-Explain Below _____	End								
Amount or value of compensation: \$ _____			Hourly	Weekly	Monthly	Other-Explain Below _____			
Job Duties/Explanations _____	_____								
<p>I understand that any additional employment not in accordance with the applicable Civil Service Rules may result in disciplinary action up to and including termination. I understand I must track the approval end date and ensure re-approval when necessary. I understand the City reserves the right to revoke this approval based on new information that affects the approval.</p>									
_____					_____				
Employee's Signature					Date				

SECTION II	OUTSIDE EMPLOYER ACKNOWLEDGMENT								
I know that the person named in Section I is regularly employed by the City and County of San Francisco, and that I am employing that person subject to compliance with Civil Service Rules X18 series.									
Name _____ <small>First Last</small>			Title _____						
_____			Email _____						
Employer's Signature			Date						
For employers that are another City and County of San Francisco department/agency, enter department's abbreviation: If the additional employment may trigger FLSA overtime requirements, notice will be sent to you after review by DHR.									

SECTION III	DEPARTMENTAL APPROVAL <i>To Be Completed By DPH HR</i>								
I have determined that this additional employment does not conflict with this employee's City duties, responsibilities and work schedule.									
Name _____ <small>First Last</small>			Title _____						
_____			Email _____						
Appointing Officer's Signature			Date						

SECTION IV	DHR APPROVAL								
I have determined that this additional employment does not conflict with this employee's City duties, responsibilities and work schedule.									
Name _____ <small>First Last</small>			Comment _____						

Director/Designee's Signature			Date						



ADDITIONAL EMPLOYMENT MANDATORY SUPPLEMENTAL QUESTIONNAIRE

Instructions: When submitting an Additional Employment Request to DPH Human Resources, requesting employee must complete and submit this mandatory questionnaire form with the DHR request form.

SECTION I – DPH Employment Information:

1. Provide current DPH appointment details (list all including dual appointments at DPH):

Job Classification (ex. 2320) | Appointment Type (PCS, TEX, PEX, TPV) | Full-Time, Part-Time, As Needed

2. Provide DPH work schedule:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

If you do not have a set schedule, please provide more details:

3. Have you worked after hours (overtime, standby, on-call, etc.) for your DPH job in the last year? Yes No
If Yes, please explain:

4. Are you required to be available on-call 24/7 per your position’s job description? Yes No

5. Are you required to file a _____? Yes No
If Yes, is the additional employment reported on your Form 700? Yes No
If you are a required Form 700 filer and did not report your additional employment, please explain:

SECTION II – Additional Employment Information:

1. Are you performing the same work that you do at DPH with the additional employment? Yes No
If Yes, please explain:

2. Is that work potentially with the same clients at DPH? Yes No
If Yes, please explain:

3. Does your additional employment overlap with your workday/work hours? Yes No
If Yes, please explain:



4. Does your additional employment require on-call, standby, or overtime? Yes No

If Yes, please explain:

5. Will you receive any type of compensation at your additional job? Yes No

If yes, please calculate the compensation to an hourly rate:

Sample below:

Employee works 8 hours per week for their additional employer (4 hours on Saturday + 4 on Sunday)

$\$5,000/52 = \96.15 per week (annual stipend divided by 52 weeks)

$\$96.15/8 = \12 per hour (weekly stipend divided by worked hours per week)

6. Is your additional employment for a vendor of CCSF/DPH? Yes No

To view a list of CCSF/DPH vendors, click

If Yes, please answer questions below:

A. Do you hold a decision-making position with the additional employer such that you are impacting financial or operational decisions? Yes No

B. Is the CCSF/DPH vendor you listed a family business? Yes No

If Yes, are you a financial or operations decision-maker in that business? Yes No

SECTION III – Employee Acknowledgements:

Employee
Initial

_____ I understand I am not authorized to start the additional employment until full approval is given from DPH Human Resources and CCSF Department of Human Resources.

_____ I have read, understand, and agree to comply with the standards set forth in the Code of Conduct. I understand that violations of the principles embodied in the Code of Conduct may result in disciplinary action, up to and including termination of employment.

I hereby attest there is no conflict of interest of any kind between my responsibilities, clients (including referrals), and schedule at DPH and those at my additional employer.

Employee's Signature

Employee Name

Date

SECTION IV – DPH Manager Acknowledgement:

I hereby acknowledge that the employment details as indicated in the additional employment request form and mandatory supplemental questionnaire for the above requesting employee will not interfere with employee's DPH responsibilities and schedule and is not a conflict of interest to the best of my knowledge.

Manager's Signature

Manager Name

Date