



# Outside Work & Contractual Relationship Form

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Job Title

Outside Employer/Business Entity Name: \_\_\_\_\_

Outside Position Held: \_\_\_\_\_

Nature of the work performed or contractual relationship: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Starting Date

\_\_\_\_\_  
Days of Week

\_\_\_\_\_  
Hours of Work

I certify that: 1) the business entity listed above is not subject to the regulation of or doing business with Okaloosa County; 2) this request does not in any way create a conflict between my private interests and the performance of my public duties; and 3) this request would not impede my full and faithful discharge of my public duties. I understand I must complete a new request if I have a change in my 1) job description, 2) position, and/or 3) nature of approved outside employment of enterprise. Any violation may cause you to be suspended or dismissed.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Department Director Recommendation:** I certify that I have verified that the request is compliant with Okaloosa County Human Resources Policy Manual, Chapter XIV - Outside Employment & Contractual Relationships.

\_\_\_\_\_  
Recommend Approval

\_\_\_\_\_  
Deny

\_\_\_\_\_  
Department Director's Signature

\_\_\_\_\_  
Date

**County Attorney Review:**

\_\_\_\_\_  
Recommend Approval

\_\_\_\_\_  
Do Not Recommend Approval

\_\_\_\_\_  
County Attorney's Name

\_\_\_\_\_  
County Attorney's Signature

\_\_\_\_\_  
Date

**County Administrator Decision:**

\_\_\_\_\_  
Approve

\_\_\_\_\_  
Disapprove

\_\_\_\_\_  
County Administrator's Signature

\_\_\_\_\_  
Date

**Conditions for Approval of Outside Work:**

No Conditions stipulated

Copy forwarded to Purchasing on: \_\_\_\_\_

\_\_\_\_\_  
HR Representative Signature