



Outside Employment & Contractual Relationship Form

Employee Name _____ County Department _____ County Position _____

Outside Employer/Business Entity Name: _____

Position Held: _____

Nature of the work performed or contractual relationship: _____

Starting _____ Days of Week _____ Hours of Work _____

Other Information: _____

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 that: 1) I must complete a new request if the specific conditions of this disclosure changes and that failure to do so may be subject to disciplinary action up to and including termination; and 2) the approval of my request for outside employment will at all times be subject to review and cancellation.

Employee's Signature _____ Date _____

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

I approve this request.

Department Director's Signature _____ Date _____

I do not approve this request.

Department Director's Signature _____ Date _____

Forward original form to the Human Resources Department

Copy forwarded to Purchasing on: _____ by: _____
Date HR Representative