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: _____

County Attorney's Name

☐ **Recommend Approval** ☐ **Do Not Recommend Approval**

_____	_____
County Attorney's Signature	**Date**

County Administrator Decision:

☐ **Approve** ☐ **Disapprove**

_____	_____
County Administrator's Signature	**Date**

Copy forwarded to Purchasing on: _____ _____

Date **HR Representative**