

I have read the Department's procedure regarding Additional Employment Outside State Government, and I have reviewed the definition of Conflict of Interest as defined in section 112.312, Florida Statutes, and the prohibition against conflicting employment or contractual relationships in section 112.313, Florida Statutes. **I certify that this additional employment does not constitute such a conflict and that the private employer or other activity has no relationship with the Department nor is it an organization doing business with or contracting with the Department. I also certify that this additional employment/activity will not adversely affect my availability to perform my official duties, including performing any required overtime, and that at no time will State facilities, personnel, or equipment be utilized for such employment/activity.**

I understand that if a determination is made that this additional employment/activity interferes with the best interest of the State, I will immediately cease such employment/activity or I will be subject to appropriate disciplinary action. I understand that if the nature of my additional employment or activity substantially changes, I must again request approval from the Department. I understand that I may need to submit a State of Florida Dual Employment and Compensation Request if this additional employment/activity is with another State agency.

Employee Signature

Date

As the employee's supervisor, I am familiar with the employee's work schedule, performance, position responsibilities, attendance, and work ethic. I believe the employee possesses the requisite responsibility, diligence, and experience necessary to undertake the aforementioned employment/activity in addition to his or her duties as a Department employee. I do not believe the employment/activity will interfere with the employee's ability to maintain a high level of performance with the Department.

Supervisor Signature

Date

- Approved
- Disapproved

Supervisor Printed Name

Division Director Signature

Date

- Approved
- Disapproved

Division Director Printed Name

DEO Ethics Officer Signature

Date

- Approved
- Disapproved

DEO Ethics Officer Printed Name

(Upon completion, provide copies to employee and supervisor and submit original to Bureau of Human Resources.)