



REQUEST FOR APPROVAL OF ADDITIONAL EMPLOYMENT
OUTSIDE STATE GOVERNMENT EMPLOYMENT

Employee Name

PFID#

Position Title

Division

A detailed description of my Department of Commerce (Department) position responsibilities are as follows:

My current work schedule with the Department is:

Monday Tuesday Wednesday Thursday Friday
from \_\_\_ A.M. or P.M. to \_\_\_ A.M. or P.M.

I request permission to engage in the following activity in addition to my work with the Department:

This activity will be performed for: (Complete Name of Organization or Employer)

at: (Location Address) (Telephone Number)

The activity will require approximately \_\_\_ hours per week and will normally be performed on:

Monday from \_\_\_ A. M. or P.M. to \_\_\_ A.M. or P.M.
Tuesday from \_\_\_ A. M. or P.M. to \_\_\_ A.M. or P.M.
Wednesday from \_\_\_ A. M. or P.M. to \_\_\_ A.M. or P.M.
Thursday from \_\_\_ A. M. or P.M. to \_\_\_ A.M. or P.M.
Friday from \_\_\_ A. M. or P.M. to \_\_\_ A.M. or P.M.
Saturday from \_\_\_ A. M. or P.M. to \_\_\_ A.M. or P.M.
Sunday from \_\_\_ A. M. or P.M. to \_\_\_ A.M. or P.M.

A detailed description of my position responsibilities for the above identified employer are as follows:

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

\_\_\_\_\_  
COM Ethics Officer Signature

\_\_\_\_\_  
Date

Approved  
Disapproved

\_\_\_\_\_  
COM Ethics Officer Printed Name

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