

## REQUEST FOR OUTSIDE EMPLOYMENT

Sections 2-11.1(j) and (k) of the Miami-Dade County Code provide that County employees may accept incidental or occasional outside employment as long as the employment is not contrary, detrimental or adverse to the interests of the County and as long as **no County time, equipment, or other resources are used**. Miami-Dade County Administrative Order 7-1 and Procedure 403 require that any County employee intending to engage in outside employment must first obtain approval from his/her Department Director using this Request for Outside Employment form. These approvals must be renewed on an annual basis. Copies of all outside employment approvals shall be maintained in the centralized personnel files of the Human Resources Department. Each County department shall also maintain appropriate records regarding outside employment requests. Full-time County employees engaging in outside employment must also file an Outside Employment Statement form with the Elections Department by July 1st of each year, in accordance with §2-11.1(k)(2) of the Miami-Dade County Code. More detailed information on outside employment is available on the Miami-Dade Commission on Ethics website.

Employee's Name			Employee ID Number
Present County En	nployment (check one)		
☐ County	Public Health Trust		
Department		Position or Title	
Job Resposibilites			
Proposed Outside	Employment		
Name of Company/ Organization			
Job Title			
Responsibilities			
Location			
Work Schedule			
Total hours per week			
Will your proposed outside employer release you if and when your services are needed by the County? Yes No			
In my outside employm	nent, I am employed by one of the following types of orga	nizations:	
	zation that is not a County vendor.	h	
County employee is	zation that is a County vendor. (An Ethics Opinion should s required to file a sworn <u>affidavit</u> disclosing such emplo	be requested to ensure to yment with the County Cla	nat no conflict of interest exists, and the erk of the Board.)
	ough my private business, whether incorporated or no y, you are required to request an ethics opinion.)	(If your privately-owne	d business is seeking to contract with
<ul> <li>Company or organ and stepchildren County, ethics opi</li> </ul>	ization owned by an immediate family member; defined of employee. (If the company owned by your immediate is required)	d as a spouse, domestic diate family member is	partner, parents, stepparents, children, seeking to contract with Miami-Dade
• •	ation I have provided is true and I pledge to abide by the	requirements listed here.	
Employee's Signature		Dat	е
Department Director's Approval			е