



ADDITIONAL EMPLOYMENT OUTSIDE TOWN OF DAVIE GOVERNMENT

PART I - To be completed by all Town of Davie employees providing notification of additional employment outside of established work hours.

A. Town of Davie Employment

Employee Name _____ Position Title _____ Department _____

Regularly Scheduled Workdays each Week:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Regularly Scheduled Hours: from _____ a.m. p.m. to _____ a.m. p.m.

B. Outside Employment

Effective Date: _____ Ending Date: _____

Name of Employer: _____ Position Title: _____

Nature of Business: _____

Employment Location (address): _____

Manager's Name: _____ Telephone Number: _____

Description of Duties to be Performed:

Regularly Scheduled Workdays each Week:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Regularly Scheduled Hours: from _____ a.m. p.m. to _____ a.m. p.m.

I certify that I have reviewed the definition of Conflict of Interest as defined in Chapter 112, Part III, Florida Statutes, and that this additional employment does not constitute such a conflict, and, further that, if my private employer does have a relationship with or is under contract with any organization under contract to the Town of Davie. This additional employment will not adversely affect my availability to perform my official duties with the Town of Davie to include any overtime required and that at no time will Town space, personnel or equipment be used in these outside activities. Finally, I understand that, if a determination is made that additional employment outside of Town government interferes with the best interests of the Town, I will immediately cease this outside employment. I understand I may be subject to disciplinary action in accordance with Town of Davie policy for noncompliance with TODSOP 24-004 or Chapter 112, Part III, F.S.

I also understand that this approval is good only for the employer mentioned above and that the Town reserves the right to revoke this permission at any time.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Director or Manager Signature _____ Date _____

HR Director Signature _____ Date _____

Recommend Approval Disapprove Request

Approved Disapproved

Approved Disapproved



ADDITIONAL EMPLOYMENT OUTSIDE TOWN OF DAVIE GOVERNMENT

PART II

NOTIFICATION OF TERMINATION OF OUTSIDE EMPLOYMENT

Employee Name: _____

Position Title: _____

Department: _____

This is to notify the Town of Davie that I have terminated my outside employment at
_____ effective _____

Employee Signature Date

Supervisor Signature Date