



**CITY OF MIAMI BEACH
REQUEST FOR APPROVAL OF OUTSIDE EMPLOYMENT**

TO BE COMPLETED BY EMPLOYEE – City of Miami Beach employees may accept outside employment as long as the employment is not contrary, detrimental or adverse to the interests of the City, and as long as no City time, equipment or material is used.

This form must be completed and approved prior to beginning any outside employment. Requests for approval of outside employment must be made on a yearly basis (even if for the same outside employment that had been previously approved).

City employees engaging in outside employment must also file an “**Outside Employment Statement**” form with the Office of the City Clerk by July 1st of each year, in accordance with Section 2-11.1(k)(2) of the Miami-Dade County Code.

INFORMATION REGARDING CITY OF MIAMI BEACH EMPLOYEE

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| EMPLOYEE'S NAME: LAST NAME, FIRST NAME, MIDDLE NAME: | EMPLOYEE ID NUMBER: |
| JOB TITLE : | HOME TELEPHONE NUMBER: |
| DEPARTMENT/DIVISION: | WORK TELEPHONE NUMBER: |
| SUPERVISOR'S NAME: | CELLULAR TELEPHONE NUMBER: |
| NORMAL WORK DAYS AND TIMES: | |

INFORMATION REGARDING OUTSIDE EMPLOYMENT

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| NAME OF BUSINESS, ORGANIZATION OR INDIVIDUAL HIRING CMB EMPLOYEE: |
| ADDRESS OF OUTSIDE EMPLOYER : |
| TELEPHONE NUMBER: |
| JOB TITLE THAT CMB EMPLOYEE WILL HOLD: |
| NAME OF OUTSIDE EMPLOYMENT SUPERVISOR: |
| NORMAL WORK DAYS AND TIMES: |
| DESCRIPTION OF DUTIES: |
| WHAT DUTIES MIGHT BE A CONFLICT OF INTEREST WITH YOUR CMB POSITION? |
| WILL YOUR PROPOSED OUTSIDE EMPLOYER RELEASE YOU IF AND WHEN YOU ARE CALLED FOR EMERGENCY SERVICE BY THE CITY? <input type="checkbox"/> YES <input type="checkbox"/> NO |

By signing below, I certify that all of the information given on page one (1) of this document is true, accurate, and complete to the best of my knowledge. I understand that all information is subject to investigation and that falsification, omission, or misrepresentation is sufficient cause for disciplinary action, up to and including termination. I also understand that I am responsible for informing my supervisor in writing if any information about my outside employment changes, especially if there arises any possible conflict of interest. Failure to do so may lead to disciplinary action, including termination of employment with the City of Miami Beach. This request for approval of outside employment will be made on a yearly basis.

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| EMPLOYEE NAME: | EMPLOYEE ID NUMBER: |
| EMPLOYEE SIGNATURE: | DATE: |

TO BE COMPLETED BY EMPLOYEE’S SUPERVISOR, DIVISION DIRECTOR, DEPARTMENT DIRECTOR, ASSISTANT CITY MANAGER AND CITY MANAGER

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|-----------------------------|---|---|
| NAME OF SUPERVISOR | PLEASE CIRCLE ONE: APPROVED DISAPPROVED | SUPERVISOR SIGNATURE & DATE |
| NAME OF DIVISION DIRECTOR | PLEASE CIRCLE ONE: APPROVED DISAPPROVED | DIVISION DIRECTOR SIGNATURE & DATE |
| NAME OF DEPARTMENT DIRECTOR | PLEASE CIRCLE ONE: APPROVED DISAPPROVED | DEPARTMENT DIRECTOR SIGNATURE & DATE |
| ASSISTANT CITY MANAGER | PLEASE CIRCLE ONE: APPROVED DISAPPROVED | ASSISTANT CITY MANAGER SIGNATURE & DATE |
| CITY MANAGER | PLEASE CIRCLE ONE: APPROVED DISAPPROVED | CITY MANAGER SIGNATURE & DATE |

If you have any questions regarding outside employment, please contact the Human Resources Department at 305.673.7524.