

SCHOOL BOARD OF BREVARD COUNTY, FLORIDA

REQUEST FOR APPROVAL OF DUAL EMPLOYMENT/OUTSIDE ACTIVITY
(Send all copies to Human Resources for processing)

Initial Application
Renewal Application

DATE:

TO: Deputy Superintendent – Human Resources Services

FROM: Name of Employee

School/Department Name and Number Office Telephone Number

I HEREBY CERTIFY that my services in connection with the outside employment, business or activity referred to below will not conflict either directly or indirectly with my duties or responsibilities to the School Board of Brevard County and that the statements made herein are complete and correct to the best of my knowledge and contain no willful misstatement of fact nor omission of material fact. I understand that, if this request is approved, I must reapply for written permission if the nature of this outside employment, business, or activity changes. I further acknowledge that approval of this request by the School Board of Brevard County does not absolve me from conflicts of interest arising under Florida Statute 1001.41 and School Board Rule 1129.

Employee's Signature

1. Prospective Employer, Business or Outside Agency

Name
Address
City State Zip Code
Telephone Number

2. Description of Duties To Be Performed (attach additional sheets if necessary)

3. Hours of Employment

A. Date Employment Begins Ends
B. Days/Times of Work
C. Total Hours Per Week

Principal/Administrator/Supervisor or Designee Approved Disapproved Date

Superintendent or Designee Approved Disapproved Date