



Honesty - Integrity - Character

# COMMISSION ON ETHICS EMPLOYEE CONFLICT OF INTEREST WAIVER

This form only applies if you have a part-time job or  
outside employment with a vendor of your public employer!

**PLEASE DO NOT COMPLETE THIS FORM UNLESS YOUR PART-TIME JOB IS WITH A VENDOR OF YOUR PUBLIC EMPLOYER**

Employee Name and Telephone Number: \_\_\_\_\_ Employee ID# \_\_\_\_\_

Public Employer: \_\_\_\_\_ Department/Unit Name: \_\_\_\_\_

Supervisor Name and Telephone number: \_\_\_\_\_

**You must be a part-time employee and cannot have ownership in a business that has a contract  
Outside Employer: with your government employer. If you own the company, you are generally not allowed to do  
Outside work for your agency.**

Name of part-time employer: \_\_\_\_\_

Address (City/State/Zip): \_\_\_\_\_

Supervisor Name and Telephone Number: \_\_\_\_\_ Date of Hire \_\_\_\_\_

## DECLARATION

(EACH ITEM MUST BE ACKNOWLEDGED)

- Neither I, nor a relative of mine, works in the county or municipal department which enforces, oversees or administers any contract or transaction with my outside employer;
- My outside employment will not interfere or otherwise impair my independent judgment or the full and faithful performance of my public duties.
- Neither I, nor a relative of mine, participated in determining the requirements or awarding of any contract to my outside employer.
- My public job responsibilities and job description will not require me to be involved in any contract in any way including, but not limited to, its enforcement, oversight, administration, amendment, extension, termination or forbearance with my outside employer.
- I have complied with all merit rules or other policy requirements of my public employer.

**I understand that the Code of Ethics waiver requirements are ongoing. If my public or outside employment status changes in any way, I must obtain an updated Conflict of Interest Waiver or submit a Notice of Termination.**

I hereby swear or affirm that the information I have provided in this Conflict of Interest Waiver form, and all attachments, are true and correct.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head or equivalent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Administrative Officer or equivalent signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please attach all pertinent facts and relevant documents that support this waiver)

**ORIGINAL EXECUTED WAIVER AND DOCUMENTATION MUST BE SUBMITTED TO HUMAN RESOURCES AND  
A COPY MUST BE SUBMITTED TO THE COMMISSION ON ETHICS BY EMAIL, INTER-OFFICE MAIL, OR USPS MAIL**

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