

OUTSIDE EMPLOYMENT STATEMENT

For Full-time County and Municipal Employees

Full-time County (including Public Health Trust) and municipal employees engaging in outside employment must file an annual disclosure report by July 1st of each year, in accordance with Section 2-11.1(k)(2) of the Miami-Dade County Code.

Disclosure for Tax Year Ending	Last Name	Fire	First Name		Middle Name/Initial	
Mailing Address – Street Number	 r, Street Name, or P.O. B	ОХ				
City, State, Zip						
If your home address is exempt fr	om public records pursi	uant to Florida Statutes	§119.07, please see	e note on the fo	ollowing page and check her	—— e. □
Filing as an Employee (chec	ek one)					
☐ County ☐ Public He	alth Trust 🔲 M	lunicipal		(Municipality)		
Department			Division			
Position or Title			Employee II) Number	Work telephone	
Please list the sources of outsic compensation you received for employment, enter zero (0) for the	each source of outsic at organization in the s	de employment. If no	income or compe nued on a separat	nsation was r	eceived from a particular of	utside
Name and A of the Source of Ou		Nature of the Work Performed			Total Amount of Money or Compensation Received	
I hereby swear (or affirm) that the information above is a true and correct statement.				RECEIVED BY ETHICS DEPARTMENT: Hardcopy Electronic Copy		
Signature of Person Disclosing						
Date signed						

OUTSIDE EMPLOYMENT INFORMATION

Required by the Miami-Dade County Code, Section 2-11.1(k)(2)

OUTSIDE EMPLOYMENT means providing personal services, other than to Miami-Dade County, or to the respective municipality, that are compensated or traditionally compensated, including but not limited to, being an employee, an independent contractor, an agent, or by self-employment. Please note that this form is to be used only to report Outside Employment; it is separate from the Source of Income Statement. If you are required to file a Source of Income Statement and you also engage in outside employment, you must complete both the Outside Employment Statement and the Source of Income Statement.

FILING INSTRUCTIONS

This form must be filed by July 1st of each year.

The form should only be filed by employees who have outside employment to disclose.

Miami-Dade County full-time personnel (including Public Health Trust personnel) shall file completed forms with:

Miami-Dade County Commission on Ethics and Public Trust 701 NW 1st Court, 8th Floor Miami, FL 33136

or

through email:

financial.disclosures@miamidade.gov

Municipal full-time personnel shall file completed forms with their respective Municipal Clerk.

For further information, Miami-Dade County and Public Health Trust employees may contact the Miami-Dade County Commission on Ethics and Public Trust via telephone at **305-579-2594** or via email at **financial.disclosures@miamidade.gov**. Municipal employees may contact their respective Municipal Clerk's Office.

Note RE: Florida Statutes § 119.07: The role of our office is to receive and maintain forms filed as public records. If your home address is exempt from disclosure and you do not wish your home address to be made public, please use your office or other address for your mailing address. The following persons are exempt from disclosing their home addresses: active or former law enforcement personnel, including correctional and correctional probation officers, personnel of the Department of Children and Family Services whose duties include the investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities, personnel of the Department of Health whose duties are to support the investigation of child abuse or neglect, and personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement; firefighters; justices and judges; current or former state attorneys, assistant state attorneys, statewide prosecutors, or assistant statewide prosecutors; county and municipal code inspectors and code enforcement officers.