

ATC

REQUEST / NOTIFICATION / TERMINATION OF SECONDARY EMPLOYMENT

Please complete form and submit to Department Ethics Officer (DEO) for approval. If any changes or corrections are needed on the form, please initial and date next to the items changed or corrected.

Employee Name: Bradley Elias MD EIN: 74618 Dept/Div: Fire Rescue
Supervisor: Chief David Castleman Supervisor's Signature: [Signature] Date 4/6/21

Via: Department Director/Chief Chief Keith Powers

SUBJECT: Request for Permission or Notification of Secondary Employment

☒ Pursuant to the City's Ethics Code Section 602.403 Moonlighting Provisions, I am submitting my request and/or notification, as applicable, to engage in secondary employment. I have read and understand the City's Directive on Secondary Employment.

Brad Elias MD Physician signed by Brad Elias MD
City of Jacksonville, Jacksonville Fire
Rescue Department, Jacksonville Fire
Department, Jacksonville Fire
Department, Jacksonville Fire Bradley Elias MD 04/06/21
Employee Signature Print Name Date

1. City Job title, brief description of duties and responsibilities in City position:
Jacksonville Fire Rescue Department Medical Director, responsible for the clinical oversight for the JFRD EMTs and Paramedics
2. Outside Employer/ Employment:
Name of Entity: Emergency Resources Group Phone No. 904-396-5682
Does the entity conduct business with the City of Jacksonville or receive funding, either directly or indirectly? ☐ Yes ☒ No
If yes, explain: _____
3. Brief description of business conducted by entity:
Provides emergency medicine physician coverage to Baptist hospital emergency departments
4. Position title, duties and responsibilities of secondary employment, please also include number of hours worked per year in the secondary position:
Emergency Department Attending Physician, take care of patients in the ED. Approx 325 hours

☐ Pursuant to the City's Ethics Code Section 602.403 Moonlighting Provisions, I am submitting notification, my secondary employment ended effective _____.

Employee Signature _____ Print Name _____ Date _____

Recommendation of Your Department's Ethics Officer (The Ethics Director may sign for the DEO if the Director is involved in reviewing the case.) Approve ☒ Disapprove _____ (state specific reasons for denial)
Comments: Belinda Tookes Belinda Tookes 4/7/2021
Department Ethics Officer or /COJ Ethics Officer signature Print Name Date

Dept. Director Approve ☒ Disapprove _____ (state specific reasons for denial)
Comments: Keith Powers Keith Powers 4/18/21
Department Director/Chief or designee signature Print Name Date

Director of Employee Services/Constitutional Officer/Council President:
Approve ☒ Disapprove _____ (state specific reasons for denial)
Comments: Blaine F. Hruska Blaine F. Hruska 4/19/21
Director/Officer/Council President or designee signature Print Name Date

Mayor's Office: Approve ☒ Disapprove _____ (state specific reasons for denial)
Comments: Blaine Hughes Blaine Hughes 4/14/21
Mayor's signature or designee signature Print Name Date

King D. Overage
- No money/funding or contracts

King A. Sherdorfer

11/20/2025