

SECONDARY EMPLOYMENT AND/OR POTENTIAL CONFLICT OF INTEREST REVIEW AND APPROVAL DISCLOSURE

Instructions: Read Page 4, then complete a separate disclosure form for each of the risk areas from page 4 that apply (for example, if you have secondary employment and serve on a nonprofit board that receives City funding, complete a separate form for each activity). Once completed, sign, date, and submit to your Department Ethics Officer for review.

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|--|---|---|
| 1. Employee Name: Brett E. Evers | 2. COJ Employee Number: 74818 | 3. Dept/Division: JFRD AE |
|--|---|---|

4. City Job Title and brief description of City job duties:
JFRD Manager & EMS, Medical Director

5. Which activity or connection from the previous page requires disclosure and review? (Provide a description OR enter the number from the list of scenarios provided on previous page. Examples include starting a new business or job, volunteering with a benefit, managing an entity outside COJ, relative falls in COJ Chain of command.)
#1

6. Name of the Business/Nonprofit/Individual that requires disclosure and brief description of the types of products/services provided and to whom (please be as descriptive as possible and attach additional pages if needed):
Life Flight

7. Is the Business/Nonprofit/Individual that requires disclosure doing business with the City of Jacksonville or receiving funding from the City, either directly or indirectly? ☒ No ☐ Yes
If yes, explain:

8. What is your role/connection to the entity or individual above (Relationship OR Job Title plus duties if applicable):
Medical Director

9. Number of hours worked or volunteered per week if applicable: **2**

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|---|--|
| X B. Evers Employee Signature: I hereby certify that the information set forth above is true and complete | X Jacob W. Blanton Supervisor Signature: I acknowledge receipt of disclosure |
| Date: 03/21/24 | Date: 3/21/24 |

Review Process: Once you and your supervisor have signed this form, send the original completed form or scanned copy or photo to your Department Ethics Officer (DEO) for processing. Your DEO will review and submit this form to the appropriate approval authorities for review. (For example, JFRD employees send this form to the DEO at EthicsOfficer@JFRD.com after they and their immediate supervisor or JFRD's equivalent of an immediate supervisor sign the form.)

Department/City Ethics Officer Review: Approve ☒ Disapprove ☐ (If denied, or approved with restrictions, please explain) Comments:
 Name: **Berlinde Tooker** Signature: **Berlinde Tooker** Date: **3/25/24**

Department Director/Designee Review: Approve ☒ Disapprove ☐ (If denied, or approved with restrictions, please explain) Comments:
 Name: **John Lewis** Signature: **John Lewis** Date: **3/27/24**

Director of Employee Services/Constitutional Officer/ Council President/ Designee Review: Approve ☐ Disapprove ☐ (If denied, or approved with restrictions, please explain) Comments:
 Name: _____ Signature: _____ Date: _____

Mayor/Designee Review (for appointed employees only): Approve ☐ Disapprove ☐ (If denied, or approved with restrictions, please explain) Comments:
 Name: _____ Signature: _____ Date: _____

Any questions regarding this directive and disclosure, please contact your Department Ethics Officer or the Office of Ethics, Compliance and Oversight at ethics@coj.net or the Ethics Helpline at (904) 630-1015.

no city funding + not affiliated with lifeflight end of line 2024