

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

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**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.

1. Employee Name: <b>Brett Blues</b>	2. COJ Employee Number: <b>74818</b>	3. Dept/Division: <b>JFRD</b>
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4. City Job Title and brief description of City job duties:  
**JFRD Manager of 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):  
**FSCS - South EMT/Paramedic**

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: **Apprentice Program uses FSCS**

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:

X <b>B. Blues</b> Employee Signature: I hereby certify that the information set forth above is true and complete <b>B. Blues</b> Date <b>03/21/24</b>	X <b>Jacob W. Black</b> Supervisor Signature: I acknowledge receipt of disclosure <b>Jacob W. Black</b> Date <b>3/21/24</b>
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**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 [ethics@coj.net](mailto:ethics@coj.net) 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: **Berinda Tooker** Signature: **Berinda Tooker** Date: **3/25/24**

Department Director/Designee Review: Approve ☒ Disapprove ☐ (If denied, or approved with restrictions, please explain) Comments:  
Name: **Kirby Oberdorfer** Signature: **Kirby Oberdorfer** 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](mailto:ethics@coj.net) or the Ethics Helpline at (904) 630-1015.