

CITY OF PHOENIX, ARIZONA
NOTICE OF OUTSIDE EMPLOYMENT
 (Refer to AR 2.62)

INSTRUCTIONS:

- Employee** 1. Complete the form (refer to AR 2.62 for details). Send completed and signed form to your department head for review.
- Department** 1. Review the request and determine if outside employment represents a conflict of interest or if the hours of work will impact the employee's effectiveness on the City job.
 2. Requests from middle managers or executives require recommendation of the department head and approval of the City Manager's Office.
 3. After action is complete, keep the original in the department, and give a copy to the Employee.

1. EMPLOYEE NAME <i>Laurel R. Burgett</i>	2. DEPARTMENT/DIVISION <i>Police / Investigations</i>	3. SECTION <i>Drug Enforcement Bureau</i>
--	--	--

4. EMPLOYEE ID # [REDACTED]	5. JOB TITLE <i>Police Lieutenant</i>	6. CURRENT DATE <i>04/19/10</i>
--------------------------------	--	------------------------------------

7. NAME AND ADDRESS OF OUTSIDE EMPLOYER
Various - Independent Contractor

8. DESCRIBE YOUR OUTSIDE EMPLOYMENT DUTIES, HOURS OF WORK, AND RELATIONSHIP OF THIS WORK TO YOUR CITY JOB AND YOUR DEPARTMENT'S ACTIVITIES. DO YOU OR THE FIRM DO ANY WORK WITH CITY DEPARTMENTS, OR REQUIRE CITY APPROVAL OR LICENSING TO CONDUCT THIS WORK?

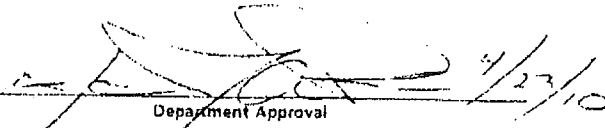
I will be working as an independent consultant for various clients on a variety of topics including safety and security, investigations and risk management. I will be conducting individualized training and presentations on these topics that do not conflict with my present assignment and are outside of duty hours.

9. I CERTIFY THAT I HAVE READ AND UNDERSTAND ADMINISTRATIVE REGULATION 2.62 AND THAT THIS WORK WILL NOT INTERFERE WITH MY CITY DUTIES AND DOES NOT CAUSE ANY CONFLICT OF INTEREST WITH MY CITY EMPLOYMENT. I UNDERSTAND THAT I MUST INFORM MY DEPARTMENT IF MY OUTSIDE EMPLOYMENT CONDITIONS CHANGE. I UNDERSTAND THAT MY CITY JOB IS MY PRIMARY EMPLOYMENT AND IF MY DEPARTMENT DETERMINES THAT MY OUTSIDE EMPLOYMENT IS INTERFERING WITH MY CITY JOB, THAT I MUST STOP MY OUTSIDE EMPLOYMENT OR LEAVE MY CITY EMPLOYMENT. I ALSO UNDERSTAND THAT INJURIES RECEIVED IN OUTSIDE EMPLOYMENT DO NOT QUALIFY FOR PAID SICK LEAVE OR CITY WORKER'S COMP. BENEFITS.

Laurel R. Burgett 4734
 Signature of Employee

10. I HAVE REVIEWED THIS REQUEST AND HAVE DETERMINED THAT IT DOES NOT REPRESENT A CONFLICT OF INTEREST.

RESTRICTIONS (if any):


 Department Approval *4/23/10*

City Manager's Office Approval (only if required by AR 2.62)