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BROWARD SHERIFF'S OFFICE
2014 OFF-DUTY EMPLOYMENT FORM

MAR 11 2014

PROFESSIONAL STANDARDS

Jennifer Hobbs, CCN 17006, request that I be granted permission to accept off-duty employment. The following is a description of the work I will perform and the days and times I will be engaged in this employment (if consulting or irregular hours, explain)

Business Name Oratv Address 1804 W Burbank Blvd, CA 91506

Telephone 818-859-7540 Work Days Mon-Fri (some weekends) Work Hours 6pm-10pm

Job Description Consultant for editorial content for online shows, publicity, and writing for blog/online content. Part-time, flexible hours.

(If additional space is needed for explanation, provide information on a separate sheet of paper and attach to this application)

Does business involve sale and/or distribution of alcoholic beverages? [] YES [X] NO

(If yes, provide a detailed summary in the space above)

I understand if this request is approved, it is VALID ONLY for the employer, employer's address, telephone number, type of work and work schedule outlined in this form. I also understand that off-duty employment is a privilege and not a right. This will include employees who sit on external boards and commissions (public, private, or non-profit) whether compensated or not. I agree that I will obtain and maintain all appropriate State, County, and or City approvals, licenses, etc., as applicable. I further understand that the Sheriff reserves the right to approve, deny, suspend, and or revoke this request at any time for any reason.

I have read and understand the policies as outlined in section 3.16 of the Sheriff's Policy Manual and agree to abide by them. I understand that this request expires on December 31, 2014. Once employment is terminated, I must submit an Off-Duty Termination form (BSO RP#45b). I also understand that my failure to do so may result in revocation of this off-duty employment request and/or disciplinary action.

Jennifer Hobbs 2/19/14
Employee Signature, CCN Date

Command

Community Affairs Specialist II
Job Title

Signatures Below
Unit Supervisor, CCN Date
[] APPROVED [] DISAPPROVED
Division Commander/Director, CCN Date
[] APPROVED [] DISAPPROVED
Department Executive Director, CCN Date
[] APPROVED [] DISAPPROVED
Colonel John Dale #16920
Sheriff (or designee) Date