

**DISCLOSURE OF DUAL EMPLOYMENT
OR CONTRACTUAL RELATIONSHIP**

TO WHOM IT MAY CONCERN:

I, THE UNDERSIGNED EMPLOYEE OF THE SCHOOL BOARD OF ESCAMBIA COUNTY,
FLORIDA, HEREBY GIVE NOTICE THAT I HAVE OR HOLD EMPLOYMENT OR A
CONTRACTUAL RELATIONSHIP WITH OR AM AN OFFICER, PARTNER, DIRECTOR OR
PROPRIETOR OF (provider name) _____
WHICH IS SUBJECT TO THE REGULATION OF, OR IS DOING BUSINESS WITH SAID
SCHOOL BOARD.

I further understand that I may not share any information or access to such that is available
to me as a district employee with this contractor.

DATE

SIGNATURE

SCHOOL BOARD EMPLOYEE

PRINT EMPLOYEE NAME

PRINT WORK LOCATION

Attach this form to the Provider Tutor Checklist and submit to the SES Office