

Conflict of Interest Form for Pinellas County Employees

The purpose of this form is to disclose any conflicts of interest per the Florida Code of Ethics for Public Officers and Employees and the Pinellas County Statement of Ethics, by any employee with a conflict of interest or factual circumstances that may create the appearance or perception of a conflict of interest.

Any employee proposing to engage in work functions, operations or supervision of others that creates a conflict of interest or the appearance of a conflict of interest must complete this form and receive approval of their recusal from the functions, operations or supervision or until an approved action plan establishing conditions or restrictions required by Pinellas County is in place to manage any real or perceived conflict of interest. If an employee is already engaging in said activity, this form shall be completed immediately. Employees shall submit completed forms to their immediate supervisor. Once all approvals are received, the completed forms shall be retained by the Office of Employee Relations and Workforce Development.

Please explain your conflict of interest and any explanatory information:

I have a conflict on the September 21, 2021 Agenda, Item #34. Thomas and Patti Quartetti are asking the County to vacate an easement. Thomas and Patti Quartetti are my cousin by marriage. I have not been involved in any discussions with this item. I am asking County Attorney Jewel White to handle this item on behalf of the County Administrator and have advised staff to handle directly with her.

Certification: I have completed this disclosure to the best of my knowledge and belief. If required, I will comply with any conditions or restrictions imposed by Pinellas County to manage any real or perceived conflicts of interest. Should my conflicting interest change such that what I have reported here no longer holds true, I agree to submit an update to this disclosure within 30 days of the change.

Barry Burton, County Administrator		September 8, 2021
Employee Name and Title	Signature	Date

Review:

- I have reviewed the above conflict of interest form and find no conflict of interest exists in this instance
- I have reviewed the above conflict of interest form and acknowledge a conflict of interest exists in this instance and recommend the following action plan to address the circumstances:
Action plan proposed by County Administrator & set forth above is appropriate.
- I have reviewed the above conflict of interest form and acknowledge a conflict of interest exists. I recommend the employee immediately recuse or otherwise desist from any activity related to the conflict of interest. Failure to do so shall be a policy violation and may subject said employee to disciplinary action in accordance with Pinellas County rules and policies.

		9-21-21
County Attorney Name and Title	Signature	Date