## Business Ownership or Service Conflict of Interest Notification



HARRI

Flease read the following before completing. Any District employee who owns interest in a business while employed at the Harris County Flood Control District must give written notice and obtain approvals using this form. This includes any District employee who owns their own business, does consulting work, or who hires or places District employees to work for other employers. See Personnel Guideline 2.6 - Conflict of Interest for more information. Please complete the form and forward the original to your manager and a copy to the Human Resources Division Director. The form will be returned to you after signatures are obtained.

		Employee Informa	tion				
Name: Russ Poppe  Department: Operations		Title:	Title: Director of Operations 1259116 02/27/2017 PERSONAL Supervisor: Mike Talbott \$0.00 MPR - NO FEE				
		Superv					
	Bu	isiness Ownership o	r Service				
Name of Comp	any:		Start Date:		-		
Service Provide	ed:		General Nat	ure of V	/ork:		
Do you own inte business?	erest (other than public stocks, share	es or bonds) in any	1	Ye	es .	⊠ No	i
	ative own interest in a business (othes) that provides service to any HCF0		,	Ye	s	⊠ No	1
Do you supervis interest in?	se any District employee in the busi	ness you own or have	I	Ye	s	No.	1
	provide service to or work for a ven- es to the District?	dor or consultant	[	Ye	s	⊠ No	1
If yes, explain	1:						
COMMENTS							
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have any con	ntracts with HCFCD.						
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I certify the abortion Control District there is a conflict Employee Signature Approvak	ve information is true and correct to may lawfully require me to end my control with my Harris County Flood Control nature:  Approved/Conflict (Circle One DEPARTMENT MANAGER:  Approved/Conflict (Circle One	The best of my knowled own or my relative's bus trol District duties and received the lime of m found to be inade reproduction be photo copy, disc additions and cities in the instrument with the instrument	personate of the because of likelike	ANDUM: Instruments photographics ity, carb	Date: t was aphic on or couts, Date:	if it is dete	inty Flo

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