



Departmental Standard Operating Procedure (DSOP)

DSOP No. 16-04

Effective: 12-7-16

SUBJECT: POLICY FOR EMPLOYEE DISCLOSURE OF FAMILIAL RELATIONSHIPS WITH BUSINESS ENTITIES UNDER THEIR SUPERVISION

PURPOSE and SCOPE: The purpose of this Departmental Standard Operating Procedure (DSOP) is to establish a uniform policy and procedure for Miami-Dade Aviation Department (MDAD) employees to disclose all familial relationships they may have with business entities contracted to the Aviation Department and/or Miami-Dade County where the MDAD employee is responsible for contractual oversight and/or invoice authorization for that business entity.

I. AUTHORITY:

- A. Operational Directive No. 99-03, Aviation Department Written Directive System.
- B. Departmental Operating Procedures No. 00-02, Written Procedures for MDAD Units.
- C. Chapter 25 - Miami-Dade County Code, Miami-Dade Aviation Department Rules and Regulations.
- D. Section 2-11.1(c)(2) Conflict of Interest, Miami-Dade County Code, Ethics Ordinance
- E. Administrative Order No: 2-9 Restitution for Ethics Violations
- F. Florida Statute 112.3135 (d) Relative (definition).

II. DEFINITIONS:

- A. *Business Entities* – Vendors, Concessionaires, Management Agreement Operators, MOU (Memorandum of Understanding) Departments and other business partners working under contractual agreement at MDAD.
- B. *Contractual Oversight* – to mean having the responsibility to supervise, manage, oversee or monitor the proper receipt of goods or services per the terms of a

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contract with MDAD or Miami-Dade County, including having approval authority of invoices resulting from that contract. It can also include the supervision of on-site work, and any business communication with corporate management.

- C. *Familial Relationship* – Specific to this Directive, to mean the employee's relationship as a father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister.

III. BACKGROUND

In efforts to further the Department's goal of maintaining transparency in its business dealings with contracted business entities, all MDAD employees with contractual oversight responsibilities must disclose familial relationships with owners, partners and on-site employees of the business entities that they manage. Disclosure of a familial relationship does not automatically disqualify an employee from their contractual oversight responsibilities. Rather, disclosure provides the Department the opportunity to assess the risk of bias, to manage the perception of impropriety and to better protect its employees from questionable influence and unnecessary innuendo.

III. POLICY:

MDAD employees with a contractual oversight responsibility must disclose, annually or immediately upon a change in status, any familial relationships they have with the owners, partners, or on-site employees of any business entity they manage. Familial relationships requiring disclosure include father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister. Annual disclosures are mandatory and shall be reported on a **MDAD Familial Relationship Disclosure Form (Disclosure Form)** (Annex A) to be completed and remitted as directed by this policy.

IV. PROCEDURES:

- A. Disclosures are to be reported on a **MDAD Familial Relationship Disclosure Form** (Annex A) by July 1 of each year or within 30 days of a change in relationship status or work assignment that warrants such disclosure.
- B. The **Disclosure Form** is to be completed by the employee and remitted for management authorization or action to the employee's immediate supervisor.

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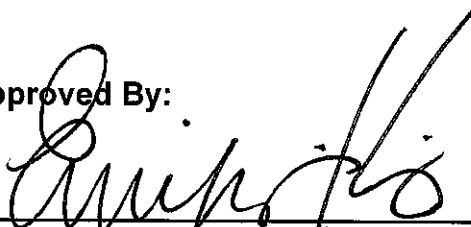
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- C. **Disclosure Forms** will be reviewed for corrective action, as applicable, by MDAD executive management to assure best business practices are employed. All management action decisions shall be recorded on the **Disclosure Form** and authorized for implementation.
- D. Completed **Disclosure Forms** are to be retained in the employee file, copies will be sent to the Assistant Director of Administration and Director of Professional Compliance.

V. CROSS REFERENCES:

- A. Administrative Order 2-9 prevents violators of county ethics law to financially benefit from non-compliance of the Ethics Ordinance and therefore pecuniary benefits/restitution can be imposed upon the violator as directed by the administrative order.

Approved By:



Emilio T. Gonzalez, Aviation Director

Date: 12/7/16

Attachment: MDAD Familial Relationship Disclosure Form – ANNEX A



Miami-Dade Aviation Department
Familial Relationship Disclosure Form
Annual Requirement per DSOP 16-04

MDAD Employee Name: _____ Division: _____

1. Name and Contract/Agreement Number Under MDAD Employee Oversight:

Name _____ Contract No. _____

2. Familial Relationship Disclosure under Identified Contract/Agreement:

Contract Employee Name _____ Relationship to MDAD Employee _____

3. Related Employee's Position Within Business Entity:

Title _____ Service/Work Description _____

4. Does the MDAD Employee have Direct Contact with the Related Employee under this Agreement/Contract?

Yes / No _____ Clarification _____
(Circle One)

5. MDAD Employee Signature and Date:

Signature _____ Date _____

6. Employee's Supervisor's Name, Title, Signature and Date:

Name _____ Title _____

Signature _____ Date _____

7. Executive Management Authorization and Action (To Be Completed by Exec Mgmt):

Signature of Corresponding Assistant Director or Deputy Director _____ Date _____

Applicable Corrective Action _____

Attach additional forms for multiple relationships and use one Disclosure for each contracted entity. Disclosure is to be reported by July 1 of each year or within 30 days of a change in relationship or work assignment of employee, refer to DSOP 16-04 for further information. Remit completed Form(s) to the Assistant Director of Administration and Director of Professional Compliance.