



COUNTY OF SAN DIEGO

STATEMENT OF INCOMPATIBLE ACTIVITIES
RELATED TO COUNTY DUTIES (Form 519)

INSTRUCTIONS: Please complete both sections of this form, checking the appropriate boxes, sign the form, and return it to the Clerk of the Board of Supervisors, 1600 Pacific Highway, Room 402, San Diego, CA 92101-2471.

(For Official Use Only)

Last Name

First Name

Name of Board, Committee, or Commission

E-mail Address

Phone Number

Please check one:

1

- ☐ I am NOT engaged in any outside employment or activity for compensation.
- ☐ I am engaged in the following outside employment or activity for compensation:

Name of Business or Activity

Employer (if applicable)

List duties performed: _____

For additional information, please include on a separate page.

Please check one:

2

- ☐ I am NOT currently an officer or member of a policy-making board of a nonprofit organization funded by the County.
- ☐ I am currently an officer or member of the policy-making board of the following nonprofit organization(s) funded by the County:

Name of Organization

Status in organization

Specific Funding Request (if applicable)

Organization or County Department

Department Head Initials

For additional organizations please include on a separate page.

Signature

Date

(For Official Use Only)

Determination:

☐ Not incompatible with duties

☐ May be incompatible with duties

Reviewer: