



Department of Human Resources
Walton County Board of County Commissioners
45 N. 6th Street
DeFuniak Springs, FL 32433
(850) 892 -8586
www.co.walton.fl.us

Walton County BCC Disciplinary Action Form

Employee Name: Burgess Buddy 1059
Last First Employee ID

Department Code Compliance Position Operations Support Specialist

Type of Discipline (check one):

☒ Formal Counseling ☐ 1st Level Warning ☐ 2nd Level Warning ☐ Suspension ☐ Termination

Date(s) violation(s)
occurred:

Details of rule or regulation violation (list policy number as applicable)

The below action is in violation of the following Walton County Board of County Commissioners policy:

Policy 2.3 – Outside Employment

- No employee shall engage in any outside employment or activity which interferes in any way with the full performance of job duties, or which reflects discredit on the Walton County BCC and its work force

Policy 2.7- Personal activities during work

- Personal activities must be accomplished before work, during lunch or after work, not while on Walton County BCC time

On 10/09/24 Operations Support Specialist Burgess allowed his outside employment to interfere with his job duties. Mr. Burgess left work to conduct business that had to do with his personally owned business (approved outside employment), during his typical work hours, without prior approval.

Next steps / Corrective action to be taken by employee:

You are expected to refrain from conducting outside employment during typical work hours, .
This includes:

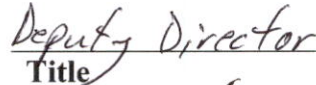
- Review of Walton County BCC policies on Outside Employment and personal activities during work
- The employee should not conduct outside employment during typical work hours
- Further disciplinary action may be taken, up to and including termination, if corrective action is not met
- If violations of policy continues, outside employment authorization may be revoked

The County reserves the right to take any further disciplinary action it deems appropriate, up to and including termination

**Recommended
by:**



Immediate Supervisor

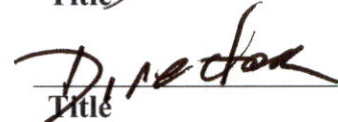


Deputy Director
Title

Approved by:



Department Head



Director
Title

Employee Acknowledgement: I acknowledge receipt of this action. I (circle one) **DO** / **DO NOT** wish to submit my written comments about this matter. Written comments must be made within **seven (7) calendar days** in writing, due date _____.



Employee Signature

Human Resources Signature

Date

: 11/20/2024

Distribution: Original to Human Resources; Photocopy to employee if requested