



OUTSIDE EMPLOYMENT ACTIVITY FORM

DATE: _____

NAME OF FACULTY MEMBER: _____

DEPARTMENT: _____

DESCRIPTION OF ACTIVITY: _____

External Employers/Contractors: _____

Time Commitment Required (equated to days per week): _____

Period of Activity (dates) From _____ To _____

Will this project involve any University resources and/or use of the University name, and/or will it conflict with or cause you to modify any of your employment obligations to the University? _____

If "YES," explain details (must be approved by Provost and Chief Financial Officer):

Signature of Faculty Member: _____ Date: _____

Approved by Immediate Supervisor: _____ Date: _____

Approved by 2nd Level Supervisor: _____ Date: _____

Approved by Provost (or Designee): _____ Date: _____
(If Applicable)

Approved by Chief Financial Officer: _____ Date: _____
(If Applicable)