



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)