OUTSIDE EMPLOYMENT ACTIVITY FORM

DATE: ________________________________________________

NAME OF FACULTY MEMBER: ____________________________

DEPARTMENT: __________________________________________

DESCRIPTION OF ACTIVITY: ____________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

External Employers/Contractors: _________________________

Time Commitment Required (equate 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)

Revised: April 2010