

EXTERNAL PAID EMPLOYMENT APPROVAL FORM

Name (type or print)

Department/Program/School

I hereby request approval to engage in external paid employment as defined in the College's formal policy on External Paid Employment. I will attach pertinent details to the extent that the following questions do not allow for an adequate description of the activity.

Description of External Paid Employment

A. Organization or individual requesting services (name and location):

B. Nature of the task: _____

C. Inclusive employment dates (including preparation and travel time):

from _____ to _____

D. Number of days required to complete activity during ACADEMIC year (1 July – 30 June):

E. Total number of days approved this ACADEMIC year (1 July – 30 June) prior to this request: _____

F. Are university facilities, personnel, and resources (e.g., classrooms, secretarial assistance, laboratories, postage, fax machines, copy machines, long-distance telephone charges, laboratories, Computer Center resources and services) being requested? _____ NO
_____ YES (attach statement giving full details of your request)

G. Is the College's name being used in conjunction with the activity? _____ NO
_____ YES (attach statement indicating how that will be done and why it is necessary)

H. Will undergraduate or graduate students be involved in the activity?

_____ NO (go immediately to next section of the form)

_____ YES (attach statement giving full details of student involvement in the external professional activity for pay)

Also review the College's policy on Financial Conflict of Interest as it relates to the involvement of undergraduate or graduate students in the external paid employment of faculty, administrative, or professional staff members. Does the activity raise any concern in relation to the policy? _____ NO _____ YES (complete and attach the College's

Possible Impact on Regular Duties

A. For faculty:

Will any regular classes, office hours, committee meetings or other duties be missed?
_____NO _____YES (indicate how missed obligations will be covered)

B. For administrative and professional staff:

Will performance of assigned duties have to be adjusted in any way?_____NO
_____YES (indicate how this will be accomplished)

In making the above request, I represent that the above external paid employment will not interfere with my obligations to the College and that it is not subject to any conflict of interest. I agree to promptly report any changes in the information provided above to the signatories below. I also agree to resign immediately from the external paid employment if any changes in the activity would be at variance with College policy or interfere with my responsibility to the College.

Signature

Date

Approval

Department Chair (as appropriate)

Date

Dean of the Faculty or School/
Administrative Supervisor

Date

Vice Provost for Research and
Graduate Professional Studies

Date