

External and Outside Employment Approval Form

External and outside paid employment are those activities entirely outside of the College. In external and outside paid employment, the contracting organization pays the individual directly. The [External Paid Employment Policy](#) can be found on the Provost's web page. Additional [guidance](#) is available on the OSP website. This form should be completed by any member of the Executive/Professional Faculty or Instructional Faculty who is planning to accept employment from an organization outside the College of William and Mary who will be paid directly by the entity. **Please check which category best describes the requested activity:**

External employment is defined as any professional activity that is undertaken with payment from another organization by faculty, administrative, and professional staff members with full-time employment.

Outside paid employment is work that is not closely associated with your duties or professional expertise at the College and is generally discouraged.

A. Name: Banner ID (on College ID Card)

B. Department/School/Center/Program:

C. Appointment Type: 9-month contract 12-month contract

Other contract Describe:

D. Activity dates (including preparation and travel time):
Start Date (mm/dd/yyyy)
End Date (mm/dd/yyyy)
Number of days/hours required to complete activity (1 day = 8 hours)

E. Total number of days/hours previously approved this period: (9-month contract period - 8/10/20xx to 5/9/20xx ; 12-month contract period - 7/1/20xx to 6/30/20xx)

F1. External organization or individual requesting your services (name & location):

a. Has the entity engaged in sponsored projects with William and Mary or is it likely to in the near future? Yes No

If yes, were you involved? Yes No

b. Do you or a family member have an ownership interest in this entity? Yes No

c. To your knowledge, does any other William and Mary employee have an ownership interest in this entity? Yes No

d. If yes, provide employee-owner's name:

F2. Provide some detail about the external or outside activity:

F3. Will university facilities, personnel, and resources (e.g. classrooms, secretarial assistance, postage, fax machines, copy machines, long distance telephone charges, laboratories, computer center resources) be requested or utilized? While a staff member's private office and the College's libraries may be used after hours or during regular hours if it does not interfere with a staff member's duties, all other uses of College facilities and resources are not allowed unless approved in writing by the Provost or their designee. Such approval may be contingent on payment to the College of some or all costs related to the use of its facilities and resources.

Yes No

If yes, provide details of requested use:

F4. Could this activity result in the development of intellectual property? Will you be required to assign any intellectual property rights to the external entity? If yes, explain:

Yes No

F5. The College's name, in general, may not be used or implied in conjunction with an external professional activity. Is the College's name being used in the external activity?

Yes No

If yes, how will the College's name be used and why is it necessary:

F6. Will undergraduate or graduate students be involved in the activity? Yes No

If yes, describe the student activity in detail (especially describe student academic involvement).

G. Please review the College's policy on Financial Conflict of Interest. Does this activity raise any concern in relation to the policy? If yes, complete and attach the College's Financial Disclosure and Conflict Resolution form. The [policy and form](#) can be found on the College's Compliance and Policy Office web page.

Yes No

H. Will there be an impact on your regular duties? For faculty, will this activity impact any regular classes, office hours, or committee meetings? For administrative and professional staff, will performance of assigned duties need to be adjusted in any way?

Yes No

If yes, describe impact and indicate how missed obligations will be covered and/or how assigned duties will be adjusted:

I. In making the above request, I certify that to the best of my knowledge the information I have provided above is true and accurate. I have discussed the proposed work with my Dean or Administrative supervisor to obtain their permission to perform this work and to confirm that it will not initially interfere with my duties. I agree to immediately resign from this external paid employment if changes in the activity would be at variance with College policy or begin to interfere with my responsibilities to the College.

(PLEASE PRINT FORM AND OBTAIN SIGNATURES)

Signature

Date

J. APPROVALS -Reviewed and Approved By:

Department Chair/Center Director
(sign and print name)

Date

Dean or Administrative Supervisor
(sign and print name)

Date

Vice Provost for Research and Graduate
Professional Studies (sign and print name)

Date

Additional Space

PLEASE PRINT FORM AND OBTAIN SIGNATURES