OUTSIDE OCCUPATIONAL ACTIVITIES Report Form

The purpose of this form is to document the prior approval of outside occupational activities, per the USG BOR Policy 8.2.18.2.3, which states, “All employees are encouraged to participate in professional activities; however, those activities must be consistent with the mission of the USG. Each USG employee must obtain written approval in advance from institution president or designee prior to engaging in compensated outside activities that relate to the employee’s expertise or responsibilities as a USG employee. Such activities include consulting, teaching, speaking, and participating in business, professional, or service enterprises. Employees assigned to the System Office and USG presidents must obtain approval from the Chancellor or designee. Except as authorized for eligible faculty employees, annual leave must be used by USG employees for compensated outside activities during normal work hours consistent with the USG procedures governing the use of annual leave.” For the full policy, please see the BOR Policy Manual.

All faculty and staff wishing to engage in outside occupational activities must complete this form and receive approval before the activity can begin. This form must be completed for every instance an outside occupational activity is requested, and appropriate approval is required as stated below. Faculty should submit completed forms to the Dean’s Office who conducts the first level of review. Once all approvals are received, the completed forms are retained in office of Human Resources.

Name: ____________________________   Title: __________________________

College/School/Department/Office: _______________________________________________________

I am requesting approval to engage in the following outside occupational activity. Engagement in this activity does not harm the institution and does not prevent me from engaging fully in my contract/MGA primary responsibilities. I understand that failure to report outside activities may result in disciplinary actions.

Dates of activity: _____________________________________________________________________________

Please describe the proposed activity, its consistency with the mission of the USG, and the time that will be allocated to the activity:

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Employee Signature: ____________________________    Date: ______________________

APPROVALS

Signature: ____________________________   Date: ______________________

Dean/Department Chair/Supervisor

Signature: ____________________________   Date: ______________________

Provost/Vice President/Executive Vice President

Signature: ____________________________   Date: ______________________

President