



REQUEST FOR APPROVAL:

OUTSIDE ACTIVITIES

Submit this form **in advance** of participation in each outside activity as required by **BOR Policy 08.02.18.02.03** regarding Outside Activities of Faculty and Staff.

EMPLOYEE INFORMATION			
Name	Last	First	MI
College/Unit Name			
Department			
Academic Rank/Title			
SPONSOR OR OUTSIDE ORGANIZATION INFORMATION			
*sponsor information is for research purposes.			
Organization Name			
Organization Address	Street		
	City	State	Zip Code
Point of Contact	Name		Title
ACTIVITY INFORMATION			
Location where services will be performed	<input type="checkbox"/> Virtually (from on-campus or other location)		
	<input type="checkbox"/> Off-site Location		
Will any University resources be required? (e.g., copier, email, PC, administrative support, lab facilities, travel, per diem, laptop, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Nature of Proposed Activity			
Estimated time involved	___ days	___ hours	
Time Period	Start Date:		End Date:
Is the activity recurring?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, provide the recurring schedule below:	
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually From _____ to _____ Additional details (e.g. every Monday, Wednesday, etc.):	
Will work be performed entirely outside of usual working hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, describe:	
Will the sponsoring organization cover expenses? (e.g., travel, per diem)	<input type="checkbox"/> Yes Estimated at \$ _____ <input type="checkbox"/> No		
Compensation Amount and/or Non-monetary Exchange (for faculty and faculty administrators)	<input type="checkbox"/> None <input type="checkbox"/> \$ _____ to employee <input type="checkbox"/> Other: _____ <i>e.g. membership, etc.</i>		Additional comments below (if needed):

CONTINUED ON NEXT PAGE

**ACKNOWLEDGEMENTS**

I acknowledge that if an actual or apparent conflict of interest arises from the outside activity I must disclose it.

Initial: \_\_\_\_\_

I acknowledge that appropriate leave must be used for outside activities during work hours.

Initial: \_\_\_\_\_

By signing below, I certify that the information on this form is accurate and that I have a duty to supplement this form should any of the information change.

Employee (Submitter) Acknowledgement:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPROVALS**

Immediate Supervisor Approval:

Approved

Denied (if denied, explain in text box below signature line.)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Next Level Supervisor Approval (Dean/Director/AVP):

Approved

Denied (if denied, explain in text box below signature line)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

To be completed by appropriate Vice President or President:

Approved

Denied (if denied, explain in text box below signature line)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Once all signatures are obtained, submit the final copy via email to **employeerelations@gcsu.edu** for records.

If you require an alternate form of submission, please contact  
The Office of Human Resources via phone at (478) 445-5596.