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# **OUTSIDE OCCUPATIONAL ACTIVITIES Report Form**

USG BOR Policy 802.15

An employee of the University System of Georgia shall make every reasonable effort to avoid even the appearance of a conflict of interest. This includes avoiding actual or apparent conflict of interests between his or her college or university obligations and his or her outside activities.

# **Name and title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **College/School/Department**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check all that apply:

# I will not be engaged in any outside occupational activities during the \_\_\_\_\_\_\_ semester.

* 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 faculty responsibilities as outlined in the faculty handbook. I understand that failure to report outside activities may result in disciplinary actions.

Proposed Activity and time to be devoted to the activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Compensation: $\_\_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_

Please indicate period of time such as hour, day, week, month, semester, year.

* I am being compensated for a course overload. [Attach Contract Addendum]
* I have been given release time to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean/Department Chair

* Approved
* Not Approved

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice Provost

* Approved
* Not Approved

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President

* Approved
* Not Approved

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_