

## **OUTSIDE WORK FORM**

The purpose of this form is to document the prior approval of **outside activities**, per the USG BOR Policy 8.2.18.2 and MGA Policy 8.1.5, which require employees to obtain written approval before engaging in compensated outside activities. For the full text of the policy, please see the BOR Policy Manual or the MGA Policy Manual

All faculty and staff wishing to engage in outside occupation activities must **complete this form and receive approval before the activity can begin.** This form **must be completed** for every instance an outside 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. Staff should submit completed forms to their immediate supervisor. Once all approvals are received, the completed forms are retained in the office of Human Resources.

Print Employee Name and Title: \_\_\_\_\_\_

Callaga (Calaga I/Danagtus ant IOffica)		
College/School/Department/Office:		
$\hfill\Box$ I have no outside employment (should this form with their immediate supervisor	- · · · · · · · · · · · · · · · · · · ·	nsibility of employee to refile
☐ I am requesting approval to engage in t activity does not harm the institution and primary responsibilities. I understand that this form, I certify that engaging in this out	does not prevent me from engag failure to report outside activition	ring fully in my contract/MGA es. By signing and submitting
<ol> <li>(1) create a conflict of interest or a conflict of commitment</li> <li>(2) interfere with my MGA duties (i.e.</li> <li>(3) utilize any MGA resources (unless</li> <li>(4) otherwise violate MGA or University</li> </ol>	form); classes, meetings, or responsibil otherwise indicated below) or M	ities);
Date(s) of activity:		
Please describe the proposed outside worl	k:	
Will the proposed outside work use any M resources:		e circle one.) List what
Does the Outside Work create a conflict of the Conflict of Interest Form which can be	•	e one.) If yes, please fill out
Employee Name	Signature	Date
Approvers:		
Dean/Department Head/ Supervisor	Signature	Date
Provost/Vice President/President	Signature	 Date