



Request to Engage in Outside Employment/Activity

Name of Employee _____

Employee Email Address _____

Department _____

Name and Address of Proposed Employer or Recipient of Services

Provide a Brief Description of Outside Work to be Provided [attach additional pages if needed]

Dates and Times of Absence(s) from Campus

Location Where Activity Will be Performed _____

Amount of Time Devoted Monthly to Outside Employment/Activity (hours) _____

Date Employment Begins* _____

Date Employment Ends* _____

**Period of request cannot exceed one year.*

Will you be compensated for this outside work? (check all that apply)

- Financially compensated for services (paid personally)
- Financially compensated for services (paid directly to VSU or VSU Foundation)
- Reimbursed for direct expenses incurred
- Monetary credit which can be used towards a future product/service/conference
- No financial reimbursement or compensation of any kind

Will outside activity interfere with commitments made to VSU? Yes No

If yes, explain how your duties will be covered and any perceived or foreseeable conflicts of interest or conflicts of commitment.

Will VSU time other than weekends and annual leave be used? Yes No

Time that faculty may consult during regular work hours, if any: For nine-month employees the maximum limit is one day per week. Twelve-month faculty assigned to administrative positions must take annual leave when engaged in consulting during their normal work hours consistent with the USG procedures governing the use of annual leave.

If yes, how much University time? (hours per month) _____



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Specify any VSU-owned resources that will be used (i.e., technology, facilities, supplies, personnel, students, vehicles, etc.). Detail how, when, and what amount will be reimbursed to the institution.

The employee/applicant verifies the following:

- I have read and agree to adhere to Board of Regents Policy 8.2.18.2 Conflicts of Interest and Conflicts of Commitment.
- I will not consult or otherwise receive compensation from a current USG vendor or an entity seeking a vendor relationship with the USG.
- If I am currently in a 12-month position, I will take annual leave if participating in compensated outside activities consistent with USG procedures governing annual leave.
- If approved, I will keep my supervisor informed of the status of this outside activity request and enter said activity in Digital Measures or PeopleAdmin so it can be recorded as a component of my annual performance review.
- I will ensure reimbursement is made for the use of the institution's personnel, facilities, equipment, and/or materials consistent with rates charged outside groups or persons.
- I will not use the name of Valdosta State University or the Board of Regents of the University System of Georgia for any advertising or promotional purposes or in any report or statement that implies approval or endorsement by VSU or USG.
- I understand this form will be routed to my direct supervisor then through each administrative level to the institution president for approval. Cabinet officers and vice presidents must have requests approved by USG Ethics and Compliance and USG Legal Affairs.
- I understand that no formal appeal process is available if my request is not granted.

Employee Signature _____ Date _____

Recommended Action				
TITLE	YES	NO	SIGNATURE	DATE
Department Head/Director	_____	_____	_____	_____
Dean (if applicable)	_____	_____	_____	_____
Vice President or Cabinet Officer	_____	_____	_____	_____

After completing, print, sign, and route to your immediate supervisor.

Final Approver: Send Original to Human Resources with one copy to Employee and one copy to Department File.

Review Committee Representative/Human Resources	_____	_____	_____	_____
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Forwarded to USG: Yes _____ No _____