

REQUEST FOR APPROVAL OF OUTSIDE PROFESSIONAL ACTIVITY AND CONTINUING EDUCATION

This form is to be submitted in advance of a faculty member's engagement in outside professional activity and continuing education as required by the university's policies concerning outside professional activity and employment, research and continuing education.

Date (mm/dd/yyyy)

1. Name (Last, First, MI)

2. School

3. Employee ID

4. Department

5. Academic Rank/Title

6. Organization sponsoring or receiving the service [including name and address of responsible person(s)].

7. Location where services will be performed?

8. Will any University facilities or support services be required? Yes No
If yes, describe.

9. Nature of Proposed Activity

Professional Leadership (PLA) Outside Professional Service (OPS)
 Outside Consulting (OSC) Continuing Education (ECE)
 Teaching at Other Institutions (TCH) Scholarly or Creative Writing (SCW)
 Other (describe)

10. Describe in detail the work/activity that will be performed

11. Estimated time involved for this activity (hours, days, etc.)

12. Period Covered

From: To:
Estimated departure time: Estimated return time:

13. Will work be performed entirely outside usual working hours? If this request is approved, I will use the following time for this activity:

Yes No If no, complete the following

Annual Leave Off Campus Leave PLA

14. Method or Basis of Compensation (Excluding Expense Reimbursement)

Honorarium Royalty Fee Other None
Estimated income for this activity: _____

15. If honorarium or fee is paid, will the faculty member retain the income? Yes No If no, indicate recipient:

16. Will the sponsoring organization cover expenses?

No Yes If yes, complete the following

Estimated Expenses: _____

Employee _____ Date _____

Section Chief Approval (if applicable) _____ Date _____

Chairman Approval _____ Date _____

Dean's Approval _____ Date _____