# [INSTITUTION]

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| request for approval of outside activity and annual disclosure  for full-time faculty and full-time administrative and professional staff(if applicable, also for immediate family members)[[1]](#footnote-1) | | |
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| Employee Name: |  | |
| Title: |  | |
| Department/Unit: |  | |
| Manager: |  | |
| Academic Year: |  | |
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| disclosure and request for approval of outside activity including employment | | |
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| a. for faculty and administrative and professional staff not engaged in any applicable outside employment, outside activity or board service, please check the appropriate box (both may be applicable). if neither box is checked, please proceed to part b of this section. | | |
| I hereby confirm that I, nor any immediate family member, plans to engage in any outside employment, other outside activity or board service that would be required to be disclosed under Regents’ Rules of the Board of Regents of The University of Texas System; RR 30104, UTS 180 or HOP [xxx].  I hereby confirm that I, nor any immediate family member, do not engage in any outside employment, other outside activity or board service that should have been reported last year as required to be disclosed under Regents’ Rules of the Board of Regents of The University of Texas System; RR 30104, UTS 180 or HOP [xxx]. | | |
| b. for faculty and administrative and professional staff, and if relevant, immediate family members (only if immediate family members have a conflict of interest) engaged in any applicable outside employment, outside activity or board service: | | |
| I request permission to accept, or continue, the following outside employment, outside activity or board service while on the payroll of [INSTITUTION]. This request is made in accordance with RR 30104, UTS 180 and HOP [xxx].  Outside Employment and Other Activity  For purposes of this request, I understand outside employment and other activity includes:   1. employment or consulting in an outside work or activity, or 2. receipt from an outside source of a regular retainer fee or salary, or 3. any activity that may reasonably appear to pose a conflict of commitment.   Board Service  For purposes of this request, I further understand that board service includes service, whether compensated or not, on any board, whether for-profit or not, but does not include service that is primarily personal rather than professional and does not require time away from [INSTITUTION] responsibilities. (See HOP [xxx], Section [xxx], UTS 180, Sec \_\_\_\_) | | |
| Please complete the following for each applicable outside employment, outside activity, or board service for self. (if disclosing more than one, additional forms may be found at the end of this form): | | |
| 1. Organization or Activity: | |  |
| 1. Nature of duties to be performed: | |  |
| 1. Period of Activity (dates) | | to |
| 1. Average number of hours per month: | |  |
| 1. Total estimated compensation for this activity | | Please choose from the following:  Uncompensated  $1 - $4,999  $5,000 - $24,999  $25,000 - $49,999  $50,000 - $99,999  $100,000 - $249,999  $250,000 - $499,999  $500,000 - $999,999  $1,000,000 and over  If equity,       equaling      % of the fully diluted value of the company at time of grant |
| 1. Total average number of hours per week, per month or other fixed time period of ALL approved outside activity for this year; including all that are requested on this form: | | |
| Certification  I certify that to the best of my knowledge and belief the information provided by me above is true and accurate and (choose one):  that the outside activity being requested does not create a conflict of interest or a conflict of commitment with my  [INSTITUTION] responsibilities and is consistent with all applicable University rules and regulations.  that the outside activity could pose a conflict of interest or a conflict of commitment and I hereby request a conflict  management plan be developed for this activity. | | |
| If disclosing for immediate family members (only if conflict of interest), please complete the following for each applicable outside employment, outside activity, or board service. (if disclosing more than one, additional forms may be found at the end of this form): | | |
| 1. Organization or Activity: | |  |
| 1. Nature of duties to be performed: | |  |
| 1. Period of Activity (dates) | | to |
| Certification  I certify that to the best of my knowledge and belief the information provided above for my immediate family member  is true and accurate and I hereby request a conflict management plan be developed for this activity. | | |

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| SUBSTANTIAL INTERESTS IN BUSINESS ENTITIES – FINANCIAL DISCLOSURE | |
| Neither I, nor any member of my immediate family, have any substantial interest (as defined below) in any business entity that may reasonably appear to pose a conflict of interest. | |
| You are required to disclose any substantial interest (defined below) that you or your immediate family have in any business entity that may reasonably appear to pose a conflict of interest. When in doubt in determining whether an interest should be disclosed, you should resolve the doubt in favor of disclosure. Please complete one disclosure for each applicable business entity (additional disclosures may be found at the end of this form).  Substantial Interest  For purposes of this policy, a substantial interest in a business entity is categorized as:   1. a controlling interest; 2. ownership of more than 10% of the voting interest; 3. ownership of more than $15,000 of the fair market value; 4. a direct or indirect participating interest by shares, stock, or otherwise, regardless of whether voting rights are included, in more than 10% of the profits, proceeds, or capital gains; or 5. service as an officer.  Do not include investments in mutual funds. | |
| Name of individual who holds interest: |  |
| Relationship to employee: | Self  Spouse  Dependent Child or Stepchild  Other Dependent  Others with whom you are financially interdependent |
| Name of business entity: |  |
| Category of interest  (see above) | Controlling Interest  Ownership of > 10% of voting interest  Ownership of > $15,000 of fair market value  Direct or indirect participating interest  Service as an officer |
| Compensated? | Yes  No |
| Certification  I certify that to the best of my knowledge and belief the information provided by me above is true and accurate and  that the disclosed interest in a business entity could pose a conflict of interest or a conflict of commitment and I  hereby request a conflict management plan be developed for this activity. | |

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| GIFTS | | |
| I have not accepted any gifts that are applicable to this section. | | |
| This section is to be completed only if you have accepted a gift or anything of value that exceeds $250 in value to you or your immediate family members that could create the appearance of a conflict of interest. Do not include gifts received from:   * your parent, child, sibling, grandparent, or grandchild; * your spouse or spouse of anyone above; or * the parent, child, sibling, grandparent, or grandchild of your spouse or other immediate family member.   (Additional gift acceptance disclosures may be found at the end of this form.) | | |
| Person receiving gift: |  | |
| Person giving the gift: |  | |
| Brief description of the gift: |  | |
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| APPROVALS | | |
| Certification: I certify that the information contained herein is true and correct and that i have read and understood the applicable policies. | | |
| Signature of Filer: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| approvals: |  | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department Chair/Unit Head/Supervisor | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dean/[Approving Official] |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [Approving Official for the President or The President] | | |

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| ADDITIONAL DISCLOSURE FORMS | |
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| disclosure and request for approval of outside activity, including employment continued | |
| 1. Organization or Activity: |  |
| 1. Nature of duties to be performed: |  |
| 1. Period of Activity (dates) | to |
| 1. Average number of hours per month (only for self – not applicable to immediate family disclosure): |  |
| 1. Total estimated compensation for this activity *(only for self – not applicable to immediate family disclosure)* | Please choose from the following:  Uncompensated  $1 - $4,999  $5,000 - $24,999  $25,000 - $49,999  $50,000 - $99,999  $100,000 - $249,999  $250,000 - $499,999  $500,000 - $999,999  $1,000,000 and over  If equity,       equaling      % of the fully diluted value of the company at time of grant |
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| 1. Organization or Activity: |  |
| 1. Nature of duties to be performed: |  |
| 1. Period of Activity (dates) | to |
| 1. Average number of hours per month *(only for self – not applicable to immediate family disclosure):* |  |
| 1. Total estimated compensation for this activity *(only for self – not applicable to immediate family disclosure)* | Please choose from the following:  Uncompensated  $1 - $4,999  $5,000 - $24,999  $25,000 - $49,999  $50,000 - $99,999  $100,000 - $249,999  $250,000 - $499,999  $500,000 - $999,999  $1,000,000 and over  If equity,       equaling      % of the fully diluted value of the company at time of grant |
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| 1. Organization or Activity: |  |
| 1. Nature of duties to be performed: |  |
| 1. Period of Activity (dates) | to |
| 1. Average number of hours per month *(only for self – not applicable to immediate family disclosure):* |  |
| 1. Total estimated compensation for this activity *(only for self – not applicable to immediate family disclosure):* | Please choose from the following:  Uncompensated  $1 - $4,999  $5,000 - $24,999  $25,000 - $49,999  $50,000 - $99,999  $100,000 - $249,999  $250,000 - $499,999  $500,000 - $999,999  $1,000,000 and over  If equity,       equaling      % of the fully diluted value of the company at time of grant |
| **SUBSTANTIAL INTERESTS IN BUSINESS ENTITIES – FINANCIAL DISCLOSURE CONTINUED** | |
| Name of individual who holds interest: |  |
| Relationship to employee: | Self  Spouse  Dependent Child or Stepchild  Other Dependent  Others with whom you are financially interdependent |
| Name of business entity: |  |
| Category of interest  (see above) | Controlling Interest  Ownership of > 10% of voting interest  Ownership of > $15,000 of fair market value  Direct or indirect participating interest  Service as an officer |
| Compensated? | Yes  No |
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| --- | --- |
| Name of individual who holds interest: |  |
| Relationship to employee: | Self  Spouse  Dependent Child or Stepchild  Other Dependent  Others with whom you are financially interdependent |
| Name of business entity: |  |
| Category of interest  (see above) | Controlling Interest  Ownership of > 10% of voting interest  Ownership of > $15,000 of fair market value  Direct or indirect participating interest  Service as an officer |
| Compensated? | Yes  No |

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| **GIFTS DISCLOSURE CONTINUED** | |
| Person receiving gift: |  |
| Person giving the gift: |  |
| Brief description of the gift: |  |
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| Person receiving gift: |  |
| Person giving the gift: |  |
| Brief description of the gift: |  |
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1. Immediate family includes your spouse; dependent child or stepchild or other dependent for determining federal income tax liability; and any unmarried adult who resides in the same household as you and with whom you are financially interdependent.(see HOP [xxx]) [↑](#footnote-ref-1)