# [INSTITUTION]

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| request for approval of outside activity and annual disclosure  for part-time faculty and part-time administrative and professional staff | | | |
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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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| for part-time faculty and part-time administrative and professional staff engaged in any applicable outside employment, outside activity or board service that may pose a conflict of interest | | | |
| I request permission to accept, or continue, the following outside employment, outside activity or board service that may reasonably appear to create a conflict of interest 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 that may reasonably appear to create a conflict of interest.  (additional disclosure 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 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 that the outside activity could pose a conflict of interest or a conflict of commitment and hereby request a conflict management plan be developed for this activity. | | | |
| SUBSTANTIAL INTERESTS IN BUSINESS ENTITIES – FINANCIAL DISCLOSURE | | | |
| You are required to disclose any substantial interest (defined below) that you 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 than10% of the profits, proceeds, or capital gains; or 5. service as an officer.   Does 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 outside activity could pose a conflict of interest or a conflict of commitment and hereby request a conflict  management plan be developed for this activity. | | | |

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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 | |
| **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: |  |
|  |  |
| 1. Organization or Activity: |  |
| 1. Nature of duties to be performed: |  |
| 1. Period of Activity (dates) | to |
| 1. Average number of hours per month: |  |
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| **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 |
|  |  |
| 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 |