PRIOR APPROVAL FORM
FOR OUTSIDE ACTIVITIES (CATEGORY I)

Name___________________________________ Department___________________________________________

Please print

For each Category I compensated outside professional activity in which you wish to engage in outside professional activities answer the following questions. Attach separate sheets, if necessary.

Type of activity in which you will be involved:

Category I Activities
Executive/managerial role:_____ Salaried employee:_____ Outside teaching or research activity:_____ Other potential conflict of commitment:_____

General description of the business/agency/organization/group/individual:
_____________________________________________________________________________________________

Activities/products/services of entity described above:__________________________________________________

Nature of your relationship to entity named above (check all that apply):
Founder/co-founder: ____ Owner: ____ Consultant: ____
Board member:____ Salaried employee: ____ Stockholder/partnership interest:____
Equity/royalty interest:____ Other, please explain:___________________________________________
________________________________________________________________________________________

Description of the nature of your participation in this activity, including, if you wish, possible beneficial outcomes to areas of research, industry, and public service:
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Beginning/ending month/year you could be involved in this activity:________________________

Fiscal year(s) for which seeking approval:________________________ (Approvals are generally for one fiscal year but may be granted for a longer term not to exceed five years. Outside income reports must be submitted annually.)

Estimated number of days involvement during fiscal-year appointment:_____________

Do you wish to take a full- or part-time leave while engaged in this activity?____________________

Approval granted through fiscal year ending June 30,______

Request denied:_______

Department Chair __________________________________________ Date __________

Dean ______________________________________________________ Date __________

Faculty Member Signature ________________________________ Date __________

Chancellor or Chancellor’s Designee __________________________ Date __________