

# 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, m)

2. School

3. Department

4. Academic Rank / Title

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

6. Location where services will be performed?

7. Will any University facilities or support services be required? Yes No

If yes, describe:

8. Nature of Proposed Activity

Professional Leadership       Outside Professional  
 Outside Consulting       Outside Continuing Education  
 Teaching at Other Institutions       Other (describe)

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

10. Estimated time involved for this activity

11. Period Covered

From: To:

12. 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

13. Method or Basis of Compensation

Honorarium       Expenses  
 Royalty       Other  
 Fee       None

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

13. A. Estimated Annual Income: \_\_\_\_\_

Employee \_\_\_\_\_ Date \_\_\_\_\_

Section Chief Approval (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Chairman Approval \_\_\_\_\_ Date \_\_\_\_\_

Dean Approval \_\_\_\_\_ Date \_\_\_\_\_