LAMAR UNIVERSITY
STAFF REQUEST
FOR APPROVAL OF OUTSIDE EMPLOYMENT/
DUAL STATE EMPLOYMENT

Name_______________________________________  Department ____________________________

Date of Outside Employment:   Beginning _____________________  Ending ________________________
(No later than end of fiscal year)

Nature of Outside Employment (if Outside Employment involves another State agency, name the agency):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

During this period, how many hours in the average month will you be involved in this outside employment? ___________________________

When and where will this work typically be done? ______________________________________

________________________________________________________________________
(If necessary, attach additional sheets describing other outside employment.)

Will University resources be used?    ☐ Yes    ☐ No (If Yes, please explain.)_____________________

I certify that the outside employment described in this request is in full compliance with the guidelines outlined in Chapter V of Rules and Regulations for The Texas State University System.

Signature of Employee Making Request ____________________________  Date _________________

Supervisor ____________________________  Date _________________  ☐ Approval Recommended ☐ Disapproval Recommended
Comment:

Department Head ____________________________  Date _________________  ☐ Approval Recommended ☐ Disapproval Recommended
Comment:

Vice President ____________________________  Date _________________  ☐ Approval Recommended ☐ Disapproval Recommended
Comment: