

**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
Comment:

Date

Approval Recommended

Disapproval Recommended

Department Head
Comment:

Date

Approval Recommended

Disapproval Recommended

Vice President
Comment:

Date

Approval Recommended

Disapproval Recommended