Name:	Department:	·	
Date of Outside Employment: Beginning		_Endin	(No later than end of fiscal year)
Nature of Outside Employment (if Outside Employment	nt involves anothe	er State a	•
During this period, how many hours in the average	month will yo	ou be in	volved 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	s, please	e explain.)
I certify that the outside employment described in to outlined in Chapter V of the <i>Rules and Regulation</i> .			
Signature of Faculty Member Making Request			Date Approval Recommended
Chair Comments:	Date		Disapproval Recommended
Dean	Date		Approval Recommended Disapproval Recommended
Comments:		_	
Provent and Vice President for Academic Affairs	Doto		Approval Recommended
Provost and Vice President for Academic Affairs Comments:	Date		Disapproval Recommended

Signed copies to: Human Resources, Chair, Dean, Faculty Member, Faculty File