LAMAR UNIVERSITY

SUPPLEMENTAL REQUEST

FOR APPROVAL of OUTSIDE 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 the *Rules and Regulations* of The Texas State University System.

_____ _____

Signature of Faculty Member Making Request Date

_____ _____ ☐ Approval Recommended

Chair Date ☐ Disapproval Recommended

Comments:

_____ _____ ☐ Approval Recommended

Dean Date ☐ Disapproval Recommended

Comments:

_____ _____ ☐ Approval Recommended

Provost and Vice President for Academic Affairs Date ☐ Disapproval Recommended

Comments:

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