

COLUMBUS STATE UNIVERSITY
REQUEST FOR APPROVAL TO ENGAGE IN OUTSIDE ACTIVITY

Employee Name:	
Employee Title:	
Department/School:	
Supervisor Name:	

1. Will you be engaging in an Outside Activity as defined in the University's Policy on Conflicts of Interest, Commitment and Outside Activities during the 2019-20 academic year?

Yes

No

If you answered "No" to the question, please skip Questions 2 – 13 to sign and submit this form to your Supervisor.

2. If you answered "Yes" to the above question, please provide description of Outside Activity. Be specific and include the name and location of the external organization; What is the activity? What are the duties and responsibilities?:

3. Dates of Proposed Outside Activity:

Note: All dates must fall within a single fiscal year ending on June 30.

Starting Date:
(MM/DD/YYYY)

Ending Date:
(MM/DD/YYYY)

Avg # of hours:
per week

Avg # of hours:
per month

- 4. Is the organization identified in response to Item no. 1 a CSU vendor?**

Yes

No

- 5. Do you or anyone in your line of authority supervise, participate in or approve of the purchase of products or services from this organization?**

Yes

No

If yes, provide additional detail:

6. Do you, or members of your immediate family, have any ownership in this organization?

Yes

No

If yes, provide additional detail:

7. Will you be receiving compensation or anything of monetary value? Please check all appropriate boxes below?

Salary Honoraria Consulting Fees Expense Reimbursements Travel Costs Other

If yes, provide additional detail:

8. Please specify the monetary range of compensation that you will be receiving as a result of the outside activity?

Below \$10,000

Above \$10,000

9. Identify any CSU classes, meetings, or work responsibilities that will be missed because of Outside Activity.

10. What arrangements are proposed to cover any missed responsibilities?

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11. Will the Outside Activity require the use of University resources?

Yes

No

If yes, provide additional detail:

12. Will the Outside Activity require the use of existing CSU intellectual property?

Yes

No

If yes, provide additional detail:

13. Please provide any additional information relevant to this request.

Employee Signature: _____ (date)

(To submit form with your electronic signature, you must download and save the document first.)

Approved	Not approved
Supervisor Signature: _____ (date)	
Comments:	

Approved	Not approved
Department Head Signature: _____ (date)	
Comments:	

Approved	Not Approved
Dean/Vice President Signature:	
Comments:	