

COLUMBUS STATE UNIVERSITY
REQUEST FOR APPROVAL TO ENGAGE IN OUTSIDE ACTIVITY

Employee Name:	
Employee Title:	
Name of Department/College:	
Supervisor Name:	

1. Will you be engaging in a *reportable* outside activity or activities 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 the outside activity or activities. Be specific and include the name and location of the external organization(s); What is the activity? What are the duties and responsibilities?

3. Dates of proposed outside activity or activities and number of hours per week and/or per month:

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

4. Please identify any external organization listed in response to Question no. 2 that is a CSU vendor.

5. Do you or anyone in your line of authority supervise, participate in, or approve of the purchase of products or services from the external organization(s)?

___ Yes ___ No

If yes, provide additional detail:

6. Do you, or members of your immediate family, have any ownership in the organization(s)?

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 N/A

If yes, provide additional detail:

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

Below \$10,000 Above \$10,000 None

9. Identify any classes, meetings, or work responsibilities that will be missed because of outside activity or activities.

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

11. Will the outside activity or activities 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, including any limitations or conditions to be placed on approval of activity.

Approved Not approved

Department Head/Chair Signature: _____ (date)

(If Supervisor and Department Head/Chair are the same, sign only as Department Head/Chair)

Comments, including any limitations or conditions to be placed on approval of activity.

Approved Not approved

Dean/Vice President Signature:

(date)

Comments, including any limitations or conditions to be placed on approval of activity.