



First name _____ Last name _____ Middle initial _____ UT EID _____

Title _____ Department _____ Academic year _____

I request permission to accept the following outside employment while on the payroll of The University of Texas at Austin. This request is made in accordance with the Rules and Regulations of the Board of Regents of the University of Texas System, Rule 30104, and University of Texas Handbook of Operating Procedures, Individual Conflict of Interest, Conflicts of Commitment and Outside Activities (<http://policies.utexas.edu/>)

For the purposes of this request, I understand outside employment to include:

- a) employment or consulting in an outside work or activity; or
- b) receipt from an outside source of a regular retainer fee or salary; or
- c) regular or periodic involvement with a business, company or other outside activity in which I have a principal interest if my involvement relates to my university professional/ scholarly discipline or duties, or with a foundation or other non-profit organization in which I am an officer, board member, or other responsible official.

Period of outside employment

(cannot extend beyond August 31 as annual approval is required):

Begin date _____ End date _____

Specifically identify with an asterisk (*) all entities meeting definition c) above:

	<u>Work for this employing agency is only on:</u>
Employee Agency 1 _____	<input type="radio"/> Weekends <input type="radio"/> Weekday evenings <input type="radio"/> Both <input type="radio"/> Other*
Employee Agency 2 _____	<input type="radio"/> Weekends <input type="radio"/> Weekday evenings <input type="radio"/> Both <input type="radio"/> Other*
Employee Agency 3 _____	<input type="radio"/> Weekends <input type="radio"/> Weekday evenings <input type="radio"/> Both <input type="radio"/> Other*

*Explain other hours worked:

Employee Agency 1 _____
Employee Agency 2 _____
Employee Agency 3 _____

Nature of duties to be performed:

Employee Agency 1 _____
Employee Agency 2 _____
Employee Agency 3 _____



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Average number of hours per week, per month or other fixed time period required for each activity shown in the previous page

Employee Agency 1 _____	<input type="radio"/> Per week	<input type="radio"/> Per month	<input type="radio"/> Other
Employee Agency 2 _____	<input type="radio"/> Per week	<input type="radio"/> Per month	<input type="radio"/> Other
Employee Agency 3 _____	<input type="radio"/> Per week	<input type="radio"/> Per month	<input type="radio"/> Other

Total average number of hours per week, per month or other fixed time period of approved outside employment for this academic year, including that requested on this form

Employee Agency 1 _____	Salary: <input type="radio"/> None	<input type="radio"/> \$25,000 - \$99,999	<input type="radio"/> \$500,000 - \$999,999
Employee Agency 2 _____	<input type="radio"/> \$1-\$4,999	<input type="radio"/> \$100,000 - \$249,000	<input type="radio"/> \$1,000,000 or over
Employee Agency 3 _____	<input type="radio"/> \$5,000 - \$24,999	<input type="radio"/> \$250,000-\$499,999	

Pursuant to the Regents' rules and University of Texas Handbook of Operating Procedures, the following links are applicable to this request for outside employment.

(Regents Rule) <http://www.utsystem.edu/board-of-regents/rules/30104-conflict-interest-conflict-commitment-and-outside-activities>
(UT HOP) Individual Conflicts of Interest, Conflicts of Commitment and Outside Activities(<http://policies.utexas.edu/>)

I certify that the outside employment being requested does not create a conflict of interest with my university responsibilities and is consistent with all applicable university rules and regulations. However, if my responsibilities change at the university or my outside activities, I will notify my supervisor immediately to determine if a conflict of interest or conflict of commitment exists.

Signature _____ Date _____

Approval

Director/Direct Supervisor Signature _____ Date _____

Printed Name _____

Department Chair/Department Head Signature _____ Date _____

Printed Name _____

Dean/Departmental AVP/President Signature _____ Date _____

Printed Name _____

Form should be retained in the employee's personnel file by the department.