

**REQUEST FOR APPROVAL
TO ENGAGE IN OUTSIDE EMPLOYMENT/CONSULTING**

Name

Department/Division

Nature

(If further space is needed, use the back of this form.)

Planned Use and Reimbursement of College Resources

Total Hours Anticipated

Expected Start Date

Expected Completion Date

Semesters of Activity: Fall

Spring

Summer

Hours Per Day

Hours Per Week

Times of Day

Primarily Weekends: Yes _____ No _____

I assert that my outside employment/consulting, described above, will not interfere with the performance of my duties at Georgia Southwestern State University. I understand that this information will remain confidential and will not be available, except to University administrators, without my consent.

Faculty Member

Date

Approved _____ Not Approved _____

Department/Division Chair

Date

Any member of the faculty, staff, or administration who believes there has been an infringement of his/her rights related to outside employment/consulting shall have the right of appeal (Section III, Article Z, Georgia Southwestern University Faculty Handbook).