

Request to Engage in Outside Employment/Activity for Evaluating Conflict of Interest and/or Commitment

Name of Employee		-
Employee Email Address@val	ldosta.edu	
Department		-
Name and Address of Proposed Employer or Recipient of Serv	vices	
Provide a Brief Description of Outside Work to be Provided [a	ttach additional pages if ne	eded]
Dates and Times of Absence(s) from Campus		
Location Where Activity Will be Performed		
Amount of Time Devoted Monthly to Outside Employment/A	ctivity (hours)	-
Date Employment Begins*	<u></u>	
Date Employment Ends*	*Period of requ	est cannot exceed one year.
Will you be compensated for this outside work? (check all tha	nt apply)	
 ☐ Financially compensated for services (paid personally) ☐ Financially compensated for services (paid directly to VSU ☐ Reimbursed for direct expenses incurred ☐ Monetary credit which can be used towards a future produced ☐ No financial reimbursement or compensation of any kind 	·	
Will outside activity interfere with commitments made to VSU	J? □ Yes	□ No
If yes, explain how your duties will be covered and any percei commitment.	ved or foreseeable conflicts	s of interest or conflicts of
Will VSU time other than weekends and annual leave be used	I? □ Yes	□ No
Time that faculty may consult during regular work hours, if an per week. Twelve-month faculty assigned to administrative poduring their normal work hours consistent with the USG proce	ositions must take annual le	rave when engaged in consulting
If yes, how much University time? (hours per month)		



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Specify any VSU-owned resources that will be used (i.e., technology, facilities, supplies, personnel, students, vehicles, etc.). Detail how, when, and what amount will be reimbursed to the institution.

The employee/applicant verifies the following:							
\Box I have read and agree to adhere to Board of Regents Policy 8.2.18.2 Conflicts of Interest, Conflicts of Commitment, and Outside Activities.							
\Box I will not consult or otherwise receive compensation from a current USG vendor or an entity seeking a vendor relationship with the USG.							
\Box If I am currently in a 12-month position, I will take annual leave if participating in compensated outside activities							
consistent with USG procedures governing annual leave. □ I am not currently either on a temporary visa or being sponsored by VSU (e.g., OPT, H-1B, TN, etc.).							
\Box If approved, I will keep my supervisor informed of the status of this outside activity request and enter said activity in							
OneUSG and/or my AFARAP so it can be recorded as a component of my annual performance review. □ I will ensure reimbursement is made for the use of the institution's personnel, facilities, equipment, and/or materials							
consistent with rates charged outside groups or persons.							
☐ I will not use the name of Valdosta State University or the Board of Regents of the University System of Georgia for any advertising or promotional purposes or in any report or statement that implies approval or endorsement by VSU or							
USG.							
☐ I understand this form will be routed to my direct supervisor then through each administrative level to the institution president for approval. Cabinet officers and vice presidents must have requests approved by USG Ethics and Compliance							
	resident for approval. Cabinet off nd USG Legal Affairs.	icers and	vice presi	dents must have requests approved by	USG Etnics and Compliance		
\square I understand that no formal appeal process is available if my request is not granted.							
Employee Signature					Date		
	Recommended Action						
	APPROVAL ORDER	YES	NO	SIGNATURE	DATE		
1	Department Head/Director						
2	Dean (if applicable)						
3	Forward signed form to Outside Activities Committee at outsideactivity@valdosta.edu						
4	Outside Activities Committee						
5	President or Vice President						
6	Forward completed form to Human Resources at hrstaff@valdosta.edu						

Forwarded to USG: Yes ____ No ____

Form Revised Mar. 28, 2024