

Appendix B: Prior Approval of Outside Employment
Prior Approval of Outside Employment

University of Arkansas

This form implements the University of Arkansas Board Policy on outside employment (450.1) and related provisions in the campus conflict of interest policy (404.0). Full-time faculty and non-classified administrative staff members are required annually or as needed to obtain written approval from the department head/supervisor and dean/ administrative unit head **prior** to undertaking outside employment, and required to report on time spent in outside employment during the previous year.

I request to undertake outside employment as follows:

Beginning Date: _____ Ending Date: _____

Estimate of average hours per week to be spent over the period: _____ hrs/wk

In the space below or in an attached explanation include: name and address of employer; specific explanation of the nature of the employment, location, schedule, how assigned University responsibilities will be covered during your absence; whether or not the use of University facilities, property, or personnel are requested in the employment.

What is the expected benefit of the outside employment to professional development and to the University? Attach additional sheet if needed.

NOTE: If outside employment is approved, the employee must also submit Appendix D. "Disclosure of Potential Conflict of Interest and Commitment."

The information disclosed to the University may be subject to public disclosure. To request that specific information be reviewed to determine if it is exempt from public disclosure, attach all the information required by Section 11.3 of the campus conflict of interest policy (404.0).

In signing this disclosure, the employee acknowledges that all information not determined to be exempt may be released by the University upon public request, without further notice.

Signature _____ Date _____
Name (Print or Type) _____
Title/Position _____
Employee ID # _____
Do not use the Personal ID # on your UAF Identification Card
Department/Unit _____

Approvals (This certifies that the faculty or staff member is fully and successfully meeting their assigned duties to the University.)

Department Chair or Unit Head Date _____

Dean or Unit Head Supervisor Date _____

PROVOST APPROVAL REQUIRED FOR TENURED AND TENURE-TRACK FACULTY TEACHING AT ANOTHER ACADEMIC INSTITUTION

Provost Date _____

Approved copy to employee