

ANGELO STATE UNIVERSITY

REQUEST FOR APPROVAL OF OUTSIDE EMPLOYMENT

Name _____ Department _____

1. Date of Outside Employment: Beginning _____ Ending _____

Nature of Outside Employment: _____

During this period, how many hours in the average month will you be involved in this outside employment? _____

When will this work typically be done (e.g., weekends, evenings, etc.)? _____

2. Date of Outside Employment: Beginning _____ Ending _____

Nature of Outside Employment: _____

During this period, how many hours in the average month will you be involved in this outside employment? _____

When will this work typically be done (e.g., weekends, evenings, etc.)? _____

IF NECESSARY, ATTACH ADDITIONAL SHEET(S) DESCRIBING OTHER OUTSIDE EMPLOYMENT

I certify that the outside employment described in this request is in full compliance with the guidelines outlined in the Angelo State University Operating Policy and Procedure 06.17.

Signature of Faculty Member Making Request

Date

The information you have supplied on this form is maintained by the University. You have the right to review and correct this information by contacting the Office of Academic Affairs.

Department Head
Comment:

Date

- Approval Recommended
 Disapproval Recommended

Dean or Administrative Head
Comment:

Date

- Approved
 Disapproved

Prepare original only:

(Copies will be distributed by Dean or Administrative Head)

Original - Dean or Administrative Head

1 Copy - President

1 Copy - Vice President

1 Copy - Department

1 Copy - Employee