

# 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 Chair  
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