OUTSIDE EMPLOYMENT/BUSINESS ACTIVITY FORM
Supplement to TSU Policy 6-26

EVERY FACULTY MEMBER, PROFESSIONAL STAFF AND ADMINISTRATOR IS REQUIRED TO COMPLETE AND SUBMIT THIS FORM EACH SEMESTER AND ANY OTHER TIME PRIOR TO ENGAGING IN OUTSIDE EMPLOYMENT, BUSINESS SERVICES OR OTHER ACTIVITY WHICH MAY CONFLICT WITH TENNESSEE STATE UNIVERSITY ASSIGNMENTS.

Please check the appropriate item:

______ Fall Semester 20__ Spring Semester 20__ Summer Semester 20__

______ I do not have or anticipate outside employment during the _______ academic year.

______ I have ongoing outside employment/business activity previously approved by university.

Brief Description of previously approved ongoing Outside Employment/Business Activities
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Time Commitment per week _____ Hours _____ Days ______ Timess _________

______ A request is being made for outside employment/business activity. (I understand that I am not authorized to engage in this activity without prior approval of the president or his designee.)

Brief Description of Proposed Outside Employment/Business Activities
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Time Commitment per week _____ Hours _____ Days ______ Times _________

Projected date that outside employment/business activity will begin._____________________

This activity is in the area of: _____ Teaching _____ Research _____ Public Service
_____ Consulting _____ Professional Services _____ Other

Signature ____________________________ Date____________

Name(printed)_________________________ E-mail address ____________________________

Department Head______________________ Date____Recommended yes or no

Dean/ Director ________________________ Date____ Recommended yes or no

VPAA ____________________________ Date ______ Approved or not approved

Form must be signed by faculty member; Department heads and deans must either recommend or not recommend the outside employment request.