



Albany State University Compensated Outside Activities Approval Form

Purpose: This form should be completed by Albany State University (ASU) employees (faculty and staff) seeking approval to engage in compensated outside activities that relate to their expertise or responsibilities as an ASU employee. Such activities include consulting, teaching, speaking, and participating in business, professional, or service enterprises. Completed forms should be forwarded through your supervisor to the appropriate Dean, Department Head, Vice President, Associate Provost, or Director of your college, school, or unit for approval. An employee is not required to obtain written approval prior to engaging in compensated outside activities that do not relate to the employee's expertise or responsibility as an ASU employee.

Policy Requirement: In accordance with [Board of Regents Policy 8.2.18.2 Conflicts of Interest, Conflicts of Commitment, and Outside Activities](#), each ASU employee with a work commitment of 30 or more hours per week must obtain written approval in advance from the Dean, Department Head, Vice President, Associate Provost, or Director of the employee's college, school, or unit of primary employment prior to engaging in compensated outside activities that relate to the employee's expertise or responsibilities as a ASU employee. Non-faculty employees must take annual leave when engaged in outside activities during work hours.

Please provide the information requested below:

Name: _____

Title: _____

School/College/Unit: _____

Department: _____

Email: _____

1. Information Regarding the Business or Organization that is the Subject of this Request (Organization):

Name: _____

Primary Contact: _____

Email: _____

Phone: _____

Address: _____

2. Dates of Proposed Outside Work

Note: All dates must fall within a single fiscal year ending on June 30.

Starting Date (MM/DD/YYYY): _____

Ending Date (MM/DD/YYYY): _____

Note: If work is expected to extend beyond June 30, a separate Approval Form must be submitted for the next fiscal year.

Total # of hours: _____

Total # of months: _____

Avg. # of hours per month: _____

3. What services or activities will you engage in on behalf of this organization? Check all that apply.

_____ Consulting
_____ Officer/Manager
_____ Other

☐ Board of Directors
☐ Instruction

Provide details regarding any activities you will engage in on behalf of this organization:

4. What compensation will you receive from this organization for the proposed outside activities? Check all that apply:

_____ Salary	_____ Expense Reimbursements
_____ Honoraria	_____ Royalties
_____ Travel Costs	_____ Loans
_____ Gifts or other things of Value	_____ Equity/Ownership Interest

Provide details to include amounts of anything of value to be received:

5. Missed University Work

Identify any ASU classes, meeting, or responsibilities that will be missed because of this proposed Outside Work, and what arrangements are proposed to cover any missed responsibilities:

6. Is the organization a for-profit organization? ☐ Yes ☐ No

7. Do you have any intellectual property that will be used or licensed to this organization?
☐ Yes ☐ No ☐ N/A If yes, please provide relevant details:

8. To your knowledge, does the organization receive federal funding as it relates to the work you would be performing? ☐ Yes ☐ No

9. Is the organization a vendor of Albany State University? ☐ Yes ☐ No

“Vendor” means any person who sells to or contracts with ASU for the provision of any goods or services.

- 10. Do you or anyone you supervise participate in or approve of the purchase of products or services from this organization in the role of a ASU employee?**

☐ Yes ☐ No

If yes, please provide relevant details:

- 11. Do you, or members of your immediate family, have any ownership in this organization?**

☐ Yes ☐ No

- 12. Is the organization owned by a member of the institution’s faculty or staff?**

☐ Yes ☐ No

If yes, please provide details:

- 13. In the past 12 months, have you received any of the following from this organization?
Check all that apply.**

<input type="checkbox"/> Salary	<input type="checkbox"/> Loans
<input type="checkbox"/> Honoraria	<input type="checkbox"/> Travel Costs
<input type="checkbox"/> Royalties	<input type="checkbox"/> Gifts or other things of value
<input type="checkbox"/> Expense Reimbursements	

Provide details of anything of value received:

- 14. Will ASU students, interns, trainees, post-doctoral students or other ASU employees participate in the activities of this organization?**

☐ Yes ☐ No ☐ N/A

If yes, please provide relevant details:

15. Will any ASU property or resources be used in the execution of your activities with this organization?

☐ Yes ☐ No

If yes, please provide relevant details, including your plan to reimburse the institution:

I hereby swear or affirm that the information provided below is true and correct to the best of my knowledge.

Signature of submitting employee

Date

To be completed by authorizing representatives:

Review by employee's immediate supervisor: _____ **Completed**

Supervisor's Name: _____

Review by ASU President or Designee:

_____ **Approved**
_____ **Approved with below-listed restrictions**
_____ **Disapproved**

Restrictions:

Name

Title

Authorized Signature

Date