

ADDITIONAL OCCUPATIONAL ACTIVITIES Report Form

The purpose of this form is to record **outside occupational activities**, per the USG BOR Policy 8.2.15, which states, “A USG employee shall not engage in any occupation, pursuit, or endeavor which will interfere with the regular and punctual discharge of official duties. For all activities, except single-occasion activities, the employee shall report in writing through official channels the proposed arrangements and secure the approval of the president or his/her designee prior to engaging in the activities. Such activities include consulting, teaching, speaking, and participating in business or service enterprises.”

In addition, faculty, staff and students, whether part time or full time, must complete this form when **working in multiple positions simultaneously within the University**. This form must be completed every semester and appropriate approval is required as stated below. Faculty should submit completed forms to the Provost’s Office. Supervisors should return completed forms to the Office of Human Resources.

Name: _____

Title: _____
(If student, indicate above)

College/School/Department/Office: _____

OUTSIDE/MULTIPLE INTERNAL OCCUPATIONAL ACTIVITIES *[For faculty, director level and above use only]*

Check all that apply:

- I will not be engaged in any outside occupational activities during the _____ semester.
- I will not be engaged in multiple internal occupational activities during the _____ semester.
- I am requesting approval to engage in the following outside occupational activity. Engagement in this activity does not harm the institution and does not prevent me from engaging fully in my contract/MGA primary responsibilities. I understand that failure to report outside activities may result in disciplinary actions.
- I am requesting approval to engage in another internal occupational activity. Engagement in this activity does not prevent me from engaging fully in my primary responsibilities.

Proposed Activity and time to be devoted to the activity:

I am being compensated for a course overload. *[Attach Contract Addendum]*

I have been given release time to _____

Employee Signature: _____

Date: _____

APPROVALS

Dean/Department Chair/Supervisor

- Approved
- Not Approved

Signature: _____

Date: _____

Vice Provost/Provost/Vice President/Executive Vice President [*Faculty and Professional Staff only*]

- Approved
- Not Approved

Signature: _____

Date: _____

President

- Approved
- Not Approved

Signature: _____

Date: _____

STUDENT EMPLOYMENT – The section below is to be completed by supervisors and students if students work in multiple positions simultaneously within the University.

Note: The combined hours must not exceed the maximum allowed number of hours for a student assistant or federal work study student. (*Student assistants are generally allowed to work a maximum of 19.5 hours per week. Federal student workers are generally allowed to work a maximum of 16 hours per week. However, the actual number of hours worked depends on the department's budget.*)

Supervisor 1: _____

Dept. _____ Max Hours: _____

Supervisor Signature: _____

Date: _____

Supervisor 2: _____

Dept. _____ Max Hours: _____

Supervisor Signature: _____

Date: _____

Supervisor 3: _____

Dept. _____ Max Hours: _____

Supervisor Signature: _____

Date: _____

Student Signature: _____

Date: _____