Control Number _____

Texas A&M University-Kingsville FACULTY OUTSIDE EMPLOYMENT AND CONSULTING APPLICATION AND APPROVAL

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Name	MI	Last Name	Title	Department
yment	will n	ot interfere with my	y assigned duties. In such outside	e employment, I will act as an
Name	e and	address of employi	ng firm, agency or individual:	
Natur	re of v	work:		
				eration, value to
Perio	d of r	equest:	(Date) through	(Date)
		•	•	
List a times	ull clas	sses scheduled to be	e taught during the period of requ	uest – days and
			es/posted office hours missed for	the period (explain how they
	yment y dual and Name Name Natur Basis Syste Derio Total Total List a times desire Proje	yment will n dual and not Name and Nature of v Basis for ra System, pr Period of r Total relea Total relea List all cla times if kn desired): Projected t	yment will not interfere with my dual and not as a representative Name and address of employi Nature of work: Basis for requesting release the System, professional enhances Period of request: Total release time requested for Total release time (including p List all classes scheduled to be times if known (attach Faculty desired):	Basis for requesting release time, if applicable (discuss remund System, professional enhancement): Period of request: (Date) Total release time requested for period: Total release time (including previous approvals): List all classes scheduled to be taught during the period of requested for size if known (attach Faculty Teaching Schedule from SIS [S desired): Projected teaching days/classes/posted office hours missed for

NOTE: Requests will not be approved for a period of longer than one year, and authorizations will terminate August 31.

5. Equity ownership involved? ______ If so, the amount and type of equity interest owned: ______

I understand that consulting/outside employment may not be undertaken on that portion of time covered by federal grants or contracts. I further understand that this request applies only to that portion of my time for which I am employed by The Texas A&M University System. I agree to furnish reports and additional details of employment as required.

I certify that there will be no conflict of interest between this outside employment and my responsibilities as an employee of The Texas A&M University System. I also certify that this employment/consulting work will be conducted at no expense to The Texas A&M University System.

I feel that my value as a faculty member and my own professional status will be enhanced and improved by the proposed outside professional activity.

I have read System policies 07.01, Ethics Policy, and 31.05, Outside Employment and Expert Witness, and System Regulation 31.05.01, Faculty Consulting, External Employment and Conflicts of Interest, and agree to conduct my outside employment/consulting in accordance with the provisions contained therein.

Employee Signature	Social Security	Date		
Approval Recommended:	Release time basis?	Yes	No	
Department Head	Date	;		
Approved:	Release time basis?	Yes	No	_
Dean of the College	Date	;		
Provost and Vice President for Acad	emic Affairs Date	;		
*President	Date	;		

*President's signature is required only if faculty member will miss teaching days/classes/posted office hours.

Texas A&M University-Kingsville FACULTY CONSULTING AND OUTSIDE PROFESSIONAL EMPLOYMENT LEAVE REQUEST FORM

() Faculty or Strict Equivalent () Staff Control Number of Original Outside Employment/Consulting Form									
Employee Name: Title:									
System Component:									
Period of Absence: _	a.m. p.m Time Date			a.m. p.m e Date					
Class	Section	Hour	Dates Involved	How Arranged For					
Official Paid Release Vacation Leave Tim Compensatory Time Employee Signature APPROVALS (adva	e: () Yes (: () Yes () No) No	Date:						
Supervisor/Departmo	ent Head	Date							
Dean			Date						
Provost			Date						