



Fort Valley State University

Request to Engage in Outside Activities

Employee Name: _____ Employee Position: _____

Employee Department: _____

Requested Outside Activity: _____

Organization: _____ Location: _____

Date(s)/Time(s): _____ Compensation: None

Financial

Additional Information: In-Kind

 Employee's Signature

 Date

NOTE: A Conflict of Interest form shall be required for the disclosure all financial or other possible conflict of interest that would reasonably appear to be directly or significantly affected by the instructional, research or service activities being pursued.

Level	Approved		Name	Signature	Date
	Yes	No			
Direct Supervisor					
Dean/Intermediate Level Manager (if applicable)					
Respective Senior Level Administrator(VP)					
Human Resources					

Use separate form for each activity.

Form Routing: (1) Employee (2) Direct Supervisor (3) Intermediate Level Supervisor (4) Senior Level Administrator (5) Human Resources (6) Employee personnel file.