



## Request for Approval of Professional Outside Activities

Faculty Member's Name: \_\_\_\_\_

Outside Entity: \_\_\_\_\_

Nature of the relationship with the outside entity (e.g. employer/employee; contractor, consultant): \_\_\_\_\_

How will you be compensated for your activities? \_\_\_\_\_ No compensation \_\_\_\_\_ Equity ownership

Salary /wages/lump sum \_\_\_\_\_ other; please specify

Beginning and end date for activity (*not to exceed one year*)

From \_\_\_\_\_ to \_\_\_\_\_

Anticipated time commitment (total time for an activity or hours per week for continuing activity): \_\_\_\_\_

Location of activity: \_\_\_\_\_

Description of activity: \_\_\_\_\_  
\_\_\_\_\_

Expected benefits to the entity, faculty member, and institution from the outside employment activity: \_\_\_\_\_

**Note:** Use of University facilities and staff is normally prohibited in connection with outside activities. If you propose to use any such University property or staff, please describe (including the proposed reimbursement method for any direct/indirect costs resulting from the use of institutional facilities and/or support personnel in an outside employment activity):  
\_\_\_\_\_  
\_\_\_\_\_

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Does this proposed activity include the signing of an agreement concerning rights to inventions or materials? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, attach a copy of the proposed agreement for review and approval by the Office of Sponsored Programs and Research.*

Date: \_\_\_\_\_ Approved: \_\_\_\_\_

**I have reviewed and agree to comply with The University of Holy Cross Conflict of Commitment Policy. In addition, I have discussed all potential conflicts of commitment or interest with my department head/chair, and we find that there are none.**

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Faculty Member's Name (print or type)

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Phone

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College ID

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Faculty Member's Department

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Faculty Member's College/Unit

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Faculty Member's Signature

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Date

**Faculty member:** *Attach copies of any currently approved outside activities/overload compensation forms before submitting to your department chair/head for approval. If you take on additional professional outside activities during the year, you must submit additional forms.*

**Approval**

**I have reviewed the above request and certify that the proposed professional outside activities is in accordance with the University policy.**

Approval by the following administrators is required.

Date: \_\_\_\_\_ Approved: \_\_\_\_\_  
Department Chair/Head

Date: \_\_\_\_\_ Approved: \_\_\_\_\_  
Dean/Provost

Date: \_\_\_\_\_ Approved: \_\_\_\_\_  
Human Resources