SAM HOUSTON STATE UNIVERSITY
REQUEST FOR APPROVAL FOR OUTSIDE EMPLOYMENT

Name ___________________________ Organizational Unit ___________________________

Dates of Outside Employment: Beginning ______________ Ending August 31, ______

Nature of Outside Employment ______________________________________________________

________________________________________________________________________________

How many hours in the average month will you be involved in outside employment? _________

When is this work typically done, e.g., Saturdays, evenings, etc.? ___________________________

________________________________________________________________________________

The proposed outside employment is in complete accord with the current policy on outside employment as stated in Chapter V, Paragraphs 4.83 and 5.4 of the revised Rules and Regulations, Board of Regents, The Texas State University System, and Sam Houston State University Academic Policy Statement 860811, Outside Employment for Faculty. Employee understands any approval is limited to the academic year of the request and that a new request must be submitted annually, even for engagement in work similar to that previously approved.

________________________________________________________________________________

Signature of Employee Making Request ___________________________ Date _________________

Chair/Director ___________________________ Date _________________ Approval Recommended

___ Disapproval Recommended

Dean/Director/Associate Vice President ___________________________ Date _________________ Approval Recommended

___ Disapproval Recommended

Provost and Vice President for Academic Affairs ___________________________ Date _________________ Approval Recommended

___ Disapproval Recommended