AUTHORIZATION FOR OUTSIDE EMPLOYMENT

FOR FULL-TIME UTD EMPLOYEES

[Complete after reviewing UTS180/UTDPP1091: Conflicts of Interest, Conflicts of Commitment, and Outside Activities]

Employee’s Name: ____________________________________________________________________________________

Academic or Organization Unit: ____________________________________________ Dept. Number: ______________

The above named employee of UTD proposes to enter into the following outside employment arrangement with:

Name of company, individual, or organization: __________________________________________________________________________

Address: _______________________________________________________________________________________________________

Effective Start Date: _______________ Expiration of proposed arrangement: _______________

Expected number of days (or hours) of outside work or activity under this arrangement between the effective date thereof and the end of the fiscal year (August 31): ______________________________________________________________________

Specify nature of arrangement: (check one) ☐ Employment ☐ Consulting ☐ Other

Basis of compensation: ☐ Hourly/Daily ☐ Fixed ☐ Fee ☐ Profit Sharing ☐ Other

Summary of proposed activities in sufficient detail to permit judgment of possible conflict of interest or conflict of commitment:
[Attach separate page(s) if needed.]

I have read and understand the Regents’ and University’s rules relevant to my request, and to the best of my knowledge, this outside employment will not involve any conflict of interest or conflict of commitment as prohibited by UTS 180 and UTDPP1091: Conflicts of Interest, Conflicts of Commitment, and Outside Activities.

Signature: __________________________ Date: __________________________

APPROVALS:

________________________________________ Date: __________________________

Department Head or Head of Organizational Unit

________________________________________ Date: __________________________

School Dean/Director

________________________________________ Date: __________________________

Provost/Vice President

Information Copy: Office of Sponsored Projects

(Revised 11/21/2014)