## The Texas A&M University System System Offices

HR 202A (10/21)

## **External Employment Application and Approval Form**

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

| Er | mployee name:         |                        |  |  |
|----|-----------------------|------------------------|--|--|
|    |                       | First                  | Middle   | Last   |
| Ti | tle:                  |                        |  |  |
| De | epartment:            |                        |  |  |
| In | such external emplo   | yment, I will act as a |  | nt will not interfere with my assigned duties.<br>tive of The Texas A&M University System,<br>to my professional discipline. |
| 1. | Name and address      | of employing firm, aç  | gency or individual:                                 |  |
| 2. | Nature of work (incl  | ude where the work     | will be performed):                                  |  |
| 3. | •                     |                        | No. If yes, the following professional enhancement): | is my basis for requesting release time  |
| 4. |                       |                        | ation or value received for external e               | employment>\$25,000-\$50,000>\$50,000  |
|    | Note: External Em     | nployment requests     | s will not be granted for a period le                | onger than one year. All authorizations<br>ar. All employees/faculty members must  |
| 5. | Period of request: -  | Date                   | through<br>Date (No late                             | er than August 31 of current fiscal year)  |
|    | Total release time re | equested for period (  | if none requested, state N/A):                       |  |
|    | Total release time (i | ncluding previous ap   | pprovals):   |  |
| 6. | Equity ownership in   | volved?                | If so, the amount and type of                        | equity interest owned:   |

I understand that external 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 external employment and my responsibilities as an employee of The Texas A&M University System. I also certify that this external employment will be conducted at no expense to The Texas A&M University System.

I fully agree and understand that official release time is contingent upon this activity being of value to The Texas A&M University System and an enhancement to my relationship thereto, and so long as I receive no remuneration for the work performed. Otherwise, I will take vacation or accumulated compensatory time for such absences, as applicable.

I certify that I have read System Policies 07.01, Ethics, and 31.05, External Employment and Expert Witness, and System Regulation 31.05.02, External Employment, and agree to conduct my external employment in accordance with the provisions contained therein, including the requirement that I will not engage in external employment prior to receiving the requisite approvals.

If I am a faculty member, I certify that all external employment requested will not be directly related to my

| professional discipline.        |                           |     |      |
|---------------------------------|---------------------------|-----|------|
| Employee signature              |                           |     |      |
| Universal Identification Number |                           |     | Date |
| Approval recommended:           | Release time recommended? | Yes | No   |
| Department Head                 |                           |     | Date |
| OGC Legal Sufficiency Review    |                           |     | Date |
| Approved:                       | Release time approved?    | Yes | No   |
| Executive Committee Member      |                           |     | Date |
|                                 | ole for                   |     |      |

The completed form should be forwarded to System Offices Human Resources for the employee's personnel file.

Executive Committee Member's request)