## The Texas A&M University System System Offices

HR 202A (5/14)

## **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.

	ployee name:	First	Middle	Last
Titl	e:			
In s	such external emplo	oyment, I will act a		nt will not interfere with my assigned duties ative of The Texas A&M University System, to my professional discipline.
1. 1	Name and address	of employing firm	, agency or individual:	
- 1 C	Nature of work:			
۷. ۱	Nature of Work.			
-				
	Release time requested? Yes No If yes, the following is my basis for requesting release time (provide remuneration, value to System, professional enhancement):			
3. I	(provide remunerat	ion, value to Syste	em, professional enhancement):	·
3. I ( -	(provide remunerati	ion, value to Syste	em, professional enhancement):	, , ,
- - !	Note: External En	nployment reque	sts will not be granted for a period I	longer than one year. All authorizations al year. All employees/faculty member
- - ! !	Note: External En	nployment reque gth, will terminat uthorization eac	ests will not be granted for a period l te on August 31 of the current fisca th fiscal year, defined as September	longer than one year. All authorizations al year. All employees/faculty member 1 – August 31.
- - ! !	Note: External En regardless of leng must reapply for a	nployment reque gth, will terminat uthorization eac	ests will not be granted for a period l te on August 31 of the current fisca th fiscal year, defined as September	longer than one year. All authorizations al year. All employees/faculty member
( - ! ! ! 4. [	Note: External Engregardless of lengmust reapply for a	nployment reque gth, will terminat uthorization eac	ests will not be granted for a period I te on August 31 of the current fisca th fiscal year, defined as September of through	longer than one year. All authorizations al year. All employees/faculty member 1 – August 31.
( - !! !! 4. [	Note: External Engregardless of lengmust reapply for a Period of request:	nployment requegith, will terminate uthorization each	ests will not be granted for a period I se on August 31 of the current fiscal h fiscal year, defined as September of through through Date (No I and (if none requested, state N/A):	longer than one year. All authorizations al year. All employees/faculty member 1 – August 31.

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 Yes \_\_\_\_\_ No \_\_\_\_ Approval recommended: Release time recommended? (applicable if requested under question 3) Department Head Date OGC Legal Sufficiency Review Date \_ No \_ Approved: Release time approved? Yes \_\_ (applicable if requested under question 3) Executive Committee Member Date

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

Date

Chancellor or designee (applicable for an Executive Committee

Member's external employment)