

## **Outside Activities Request Form**

Name:		Date:
Title:		Department:
Pursuant to University System of Geo		Interest policies, I hereby request approval to
Nature of employment/activity:		
Time required for employment/ activ	vity:	
will interfere with the regular and puadministrators, and other profession	inctual discharge of official duties. I fu	any occupation, pursuit, or endeavor which rther understand that all full-time faculty, State University are expected to give full
	ged to participate in professional activ ties provided the activity meets one of	ity that does not interfere with the regular the following criteria:
1. It is a means of personal pro	•	
<ul><li>2. It serves the community, sta</li><li>3. It is consistent with the objection</li></ul>		
secure supervisory approval prior to	engaging in the activities. All Albany Stivity. I understand that failure to cor	t in writing the proposed arrangements and state University employees must annually apply could result in disciplinary action up to
Employee Signature		Date
ADMINISTRATIVE ACTION	Request Approved	Request Denied
Comments or Special Conditions		

HR Signature & Date

Supervisor Signature & Date