Outside Activity Approval (Staff)

Gordon State College

Name: **Department:**

New Employer:

New Employer Address:

Description of Activity

Describe the activity/employment for which permission is requested to include the following points: (Additional documents may be attached)

- Nature of the outside activity/employment
- Times and period during which the work will be performed
- Statement that the work will not constitute a conflict of interest and will not interfere with full-time duties

Supervisor/VP Comments

Certification

I do hereby certify that external employment responsibilities will not encroach upon the quality or the quantity of the work I am employed to perform for Gordon State College. I understand that Gordon State College is my primary employer. I am aware of the regulations governing outside activities/employment and agree to terminate either the outside activity/employment or my employment at Gordon State College should such activity interfere with the performance of my duties as a full-time employee or violate the policies established by the college. I shall also promptly inform my supervisor of changes in any outside activity/employment for which I receive approval.

Staff Member Signature_____ Date_____

Supervisor Signature_____ Date_____

Vice President Signature_____ Date_____