Compensated Outside Activity Approval

Name: _____ ☐ **Faculty** ☐ **Staff**
Department: _____
Academic Year: _____

Instructions: This form must be submitted annually by all faculty and staff who:

- Work 30 or more hours per week,
- Work an FTE of .75 or greater, ***OR***
- Have a contract of nine months or more

Part One:

1. Do you have any compensated activities outside of your work at Gordon State College?
   ☐ Yes ☐ No (*If you answered No to question 1, skip to Part Three)*
2. Do any of your outside compensated activities relate to your expertise or responsibilities at Gordon State College? (Examples include consulting, teaching, speaking, and participating in business, professional, or service enterprises.) ☐ Yes ☐ No (*If you answered No, skip to Part Three)*

Direct reports of the President must also complete a USG COI form and submit to the President for their requests.

Part Two: *(Complete only if you answered "yes" to question 2 above)*

1. Briefly describe the nature of the outside work or activity: _____
   _____
2. Name of the organization for whom the activity is conducted: _____
3. Is the organization a current or potential vendor of Gordon State College? ☐ Yes ☐ No
   (If you answered No, skip to question 5.)
4. Describe your role in that vendor or potential vendor relationship: _____
   _____
5. Times and dates during which the work will be performed: _____
   _____
6. How will you ensure the work will not interfere with your regular duties: _____
   _____
7. Will Gordon State College facilities, resources or services be used? ☐ Yes ☐ No
   If so, describe full extent of use: _____
   _____

Part Three: *(No approval required if you have no qualifying activities to report.)*

_____ _____
Faculty or Staff Member Signature Date Department Head Signature Date

_____ _____
Dean Signature Date VP Signature Date

Submit Completed Form to Human Resources