**PRIOR APPROVAL FORM**  
**FOR OUTSIDE ACTIVITIES (CATEGORY I)**

Name__________________________________ Department___________________________________

Please print

For each Category I compensated outside professional activity in which you wish to engage in outside professional activities answer the following questions. Attach separate sheets, if necessary.

Type of activity in which you will be involved:

<table>
<thead>
<tr>
<th>Category I Activities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive/managerial role: _____</td>
<td>Salaried employee: _____</td>
</tr>
<tr>
<td>Outside teaching or research activity: _____</td>
<td>Other potential conflict of commitment: _____</td>
</tr>
</tbody>
</table>

General description of the business/agency/organization/group/individual:

______________________________________________________________________________

Activities/products/services of entity described above:______________________________________

Nature of your relationship to entity named above (check all that apply):

<table>
<thead>
<tr>
<th>Founder/co-founder: _____</th>
<th>Owner: _____</th>
<th>Consultant: _____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board member: _____</td>
<td>Salaried employee: _____</td>
<td>Stockholder/partnership interest: _____</td>
</tr>
<tr>
<td>Equity/royalty interest: _____</td>
<td>Other, please explain: ____________________________________</td>
<td></td>
</tr>
</tbody>
</table>

Description of the nature of your participation in this activity, including, if you wish, possible beneficial outcomes to areas of research, industry, and public service:

_____________________________________________________________________________________________

_____________________________________________________________________________________________

Beginning/ending month/year you could be involved in this activity:________________________

Fiscal year(s) for which seeking approval:________________________ (Approvals are generally for one fiscal year but may be granted for a longer term not to exceed five years. Outside income reports must be submitted annually.)

Estimated number of days= involvement during fiscal-year appointment:_____________

Do you wish to take a full- or part-time leave while engaged in this activity?______________

Approval granted through fiscal year ending June 30, _____

Request denied:_______

______________________________________________________________________________

Department Chair ____________________ Date ____________

Dean ____________________ Date ____________

Faculty Member Signature _____________ Date ____________

Chancellor or Chancellor’s Designee _____________ Date ____________