PRIOR APPROVAL FORM FOR OUTSIDE ACTIVITIES (CATEGORY I)

Name:			Faculty Title:		
Last	First	M.I.	Academic- or Fiscal-Year Appointment:		
Department:			College/School:		
For each Category I outs questions. Attach separa	_		which you wish to engage in outside professiona	al activities, answer th	e following
Type of activity in which Category I Activit		involved:			
Executive/managerial role:			Salaried employee:		
Outside teaching of	or research ac	ctivity:	Other potential conflict of comm	nitment:	
General description of th	e business/ag	gency/organiza	ation/group/individual:		
Activities/products/servi	ces of entity	described abo	ve:		
Nature of your relationsh	nip to entity n	named above (check all that apply):		
Founder/co-found	er:	Owner:	Consultant: nployee: Stockholder/partnership use explain:		
Board member:		Salaried en	nployee: Stockholder/partnership	interest:	
Equity/royalty into	erest:	Other, plea	se explain:		
Beginning/ending month	/year you co	uld be involve	d in this activity:		
Fiscal year(s) for which s granted for a longer term	seeking appro	oval:d five years. ((Approvals are generally Compliance reports must be submitted annually.	for one fiscal year but	may be
Estimated number of day	s= involvem	ent during aca	ademic- or fiscal-year appointment:		
Will you be requesting a	full- or part-	time leave wit	thout pay while engaged in this activity?		
			Approval granted through fiscal ye ending June 30,	ear	
			Request denied:		
			Department Chair	Date	
			Dean	Date	
Faculty Member Signatu	re	Date	Chancellor or Chancellor's Designee	Date	

Rev. 7/1/14 Page 15