



**University of Georgia  
Compensated Outside Activities  
Approval Form**

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**Purpose:** This form should be completed by University of Georgia (UGA) employees (faculty and staff) seeking approval to engage in compensated outside activities that relate to their expertise or responsibilities as a UGA employee. Such activities include consulting, teaching, speaking, and participating in business, professional, or service enterprises. Completed forms should be forwarded through your supervisor to the appropriate Dean, Department Head, Vice President, Associate Provost, or Director of your college, school, or unit for approval. An employee is not required to obtain written approval prior to engaging in compensated outside activities that do not relate to the employee’s expertise or responsibility as a UGA employee.

**Policy Requirement:** In accordance with [Board of Regents Policy 8.2.18.2 Conflicts of Interest, Conflicts of Commitment, and Outside Activities](#), each UGA employee with a work commitment of 30 or more hours per week must obtain written approval in advance from the Dean, Department Head, Vice President, Associate Provost, or Director of the employee’s college, school, or unit of primary employment prior to engaging in compensated outside activities that relate to the employee’s expertise or responsibilities as a UGA employee. Non-faculty employees must take annual leave when engaged in outside activities during work hours. Outside work of faculty members must not exceed one day per week, on average.

**Please provide the information requested below:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**School/College/Unit:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **OneUSG EmplID:** \_\_\_\_\_

**1. Information Regarding the Business or Organization that is the Subject of this Request (Organization):**

**Name:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**2. Dates of Proposed Outside Work**

*Note: All dates must fall within a single fiscal year ending on June 30.*

**Starting Date (MM/DD/YYYY):** \_\_\_\_\_

**Ending Date (MM/DD/YYYY):** \_\_\_\_\_

*Note: If work is expected to extend beyond June 30, a separate Approval Form must be submitted for the next fiscal year.*

**Total # of hours:** \_\_\_\_\_

**Total # of months:** \_\_\_\_\_

**Avg. # of hours per month:** \_\_\_\_\_

**3. What services or activities will you engage in on behalf of this organization? Check all that apply.**

\_\_\_\_\_ Consulting  
\_\_\_\_\_ Officer/Manager  
\_\_\_\_\_ Other

\_\_\_\_\_ Board of Directors  
\_\_\_\_\_ Instruction

**Provide details regarding any activities you will engage in on behalf of this organization:**

**4. What compensation will you receive from this organization for the proposed outside activities? Check all that apply:**

\_\_\_\_\_ Salary  
\_\_\_\_\_ Honoraria  
\_\_\_\_\_ Travel Costs  
\_\_\_\_\_ Gifts or other things of Value

\_\_\_\_\_ Expense Reimbursements  
\_\_\_\_\_ Royalties  
\_\_\_\_\_ Loans  
\_\_\_\_\_ Equity/Ownership Interest

**Provide details to include amounts of anything of value to be received:**

**5. Missed University Work**

**Identify any UGA classes, meeting, or responsibilities that will be missed because of this proposed Outside Work, and what arrangements are proposed to cover any missed responsibilities:**

**6. Is the organization a for-profit organization?     Yes     No**

**7. Research, Intellectual Property, and Startup Activity**

**If any of the questions at 7a through 7f below receive a YES answer, then the Approver must forward this request to the Office of Research Integrity and Safety at [oris-coi@uga.edu](mailto:oris-coi@uga.edu) for review and consultation by the Office of Research prior to the Approver's final decision, including any approval or issuance of a management plan.**

**7a. Could the proposed compensated outside activity conceivably be conducted as either a sponsored project or as sales and service activity?     Yes     No**

**If yes, why is the proposed activity more appropriate as compensated outside activity?**

**7b. Does the organization provide any sponsored project funding to UGA that directly supports any of your University responsibilities?     Yes     No**

**If yes, please describe.**

**7c. Do you intend to use any existing UGA intellectual property in performing the compensated outside activity?**

Yes  No

**If yes, please describe.**

**7d. Are you required to assign current or future intellectual property rights to the organization under the proposed compensated outside activity?**  Yes  No

**If yes, please describe.**

**7e. Does the scope of work of your proposed compensated outside activity overlap with the scope of any sponsored or service project you currently are performing at UGA, or that you may perform at UGA in the future?**  Yes  No

**If yes, please describe.**

**7f. Is the organization a startup company?**  Yes  No

**If yes, please identify your role and the role of your family members on behalf of the organization (if any), and also identify all UGA employees and students who are founders, investors, employees, consultants, or agents of the organization or who may have any other connection to the organization.**

**8. To your knowledge, does the organization receive federal funding as it relates to the work you would be performing?**  Yes  No

**9. Is the organization a vendor of the University of Georgia?**  Yes  No

*“Vendor” means any person who sells to or contracts with UGA for the provision of any goods or services.*

**10. Do you or anyone you supervise participate in or approve of the purchase of products or services from this organization in the role of a UGA employee?**

Yes  No

**If yes, please provide relevant details:**

**11. Do you, or members of your immediate family, have any ownership in this organization?**

Yes  No

**12. Is the organization owned by a member of the institution’s faculty or staff?**

Yes  No

**If yes, please provide details:**

**13. In the past 12 months, have you received any of the following from this organization? Check all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> Salary                 | <input type="checkbox"/> Loans                          |
| <input type="checkbox"/> Honoraria              | <input type="checkbox"/> Travel Costs                   |
| <input type="checkbox"/> Royalties              | <input type="checkbox"/> Gifts or other things of value |
| <input type="checkbox"/> Expense Reimbursements |   |

**Provide details of anything of value received:**

**14. Will UGA students, interns, trainees, post-doctoral students or other UGA employees participate in the activities of this organization?**

Yes  No  N/A

**If yes, please provide relevant details:**

**15. Will any UGA property or resources be used in the execution of your activities with this organization?**

Yes  No

**If yes, please provide relevant details, including your plan to reimburse the institution:**

**I hereby swear or affirm that the information provided below is true and correct to the best of my knowledge.**

\_\_\_\_\_  
**Signature of submitting employee**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
*To be completed by authorizing representatives:*

**Review by employee's immediate supervisor:**  **Completed**

**Supervisor's Name:** \_\_\_\_\_

**Review by UGA President or Designee:**

**Approved**

**Approved with below-listed restrictions**

**Disapproved**

**Restrictions:**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**