

External Employment Application and Approval Form

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (w ith a fe w exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact Employee-Relations@tamu.edu or 979.862.4027.

This form is applicable to all employees of Texas A&M University other than faculty covered by <u>System Regulation 31.05.01</u>, <u>Faculty Consulting</u>, <u>External Employment and Conflicts of Interest</u>, and is applicable to external employment by faculty members that is not directly related to their professional discipline.

Employee First Name	Middle N	Name	Last Name
Job Title	_		
Department Name			
In such external employm	ent, I will act as an individua	al and not as a	employment will not interfere with my assigned dutie representative of Texas A&M University, and, if I am o my professional discipline.
1. Name and address of e	employing firm, agency or in	ndividual:	
2. Nature of work:			
•	d?	_	s my basis for requesting release time (provide
4. Equity ownership invol	ved?	es, the amount a	and type of equity interest owned:
regardless of length,		1 of the currer	a period longer than one year. All authorization nt fiscal year. All faculty and nonfaculty employed ember 1 – August 31.
5. Period of request:	Data .	through	Date (No later than August 31 of current fiscal year)
			V/A):
·	uding previous approvals):		····y.
i otal release tillle (IIICI	during previous approvais).		

I understand that external employment may not be undertaken on that portion of time covered by federal grants or contracts. I further understand that this request applies only to that portion of my time for which I am employed by Texas A&M University. I agree to furnish reports and additional details of employment as required.

I certify that there will be no conflict of interest between this external employment and my responsibilities as an employee of Texas A&M University. I also certify that this external employment will be conducted at no expense to Texas A&M University.

I fully agree and understand that official release time is contingent upon this activity being of value to Texas A&M University and an enhancement to my relationship thereto, and so long as I receive no remuneration for the work performed. Otherwise, I will take vacation, accumulated compensatory time, or other eligible leave for such absences, as applicable.

I certify that I have read <u>System Policies 07.01 Ethics</u>, and <u>31.05 External Employment and Expert Witness</u>, and <u>System Regulation 31.05.02 External Employment</u>, and agree to conduct my external employment in accordance with the provisions contained therein, including the requirement that I will not engage in external employment prior to receiving the requisite approvals.

If I am a faculty member, I certify that all external employment requested will not be directly related to my professional discipline.

Employee signature				
Universal Identification Number (UIN)			Date	
APPROVAL RECOMMENDED:	Release time recommended	d? ☐ Yes	□ No	
Supervisor signature			Date	
APPROVED:	Release time approved?	☐ Yes	□ No	
Department Head (for Nonfaculty) / Dec	an (for Faculty) signature		Date	

SUBMIT FORM TO
Your department's HR Liaison

NEED HELP?
Nonfaculty: HROE Employee Relations Department

979.862.4027 | Employee-Relations@tamu.edu

Faculty: Dean of Faculties (DOF) 979.845.4274 | dof@tamu.edu