

REQUEST FOR APPROVAL OF OUTSIDE ACTIVITY

Note to Employee: See Information on Reverse Side of This Form

| | | | |
|---|---------------------|---|--|
| 1. NAME (Last, First, Initial) | | 2. DEPARTMENT/ACTIVITY | |
| 3. TITLE OR POSITION | | 4. GRADE OR RANK | |
| 5. NAME, ADDRESS AND BUSINESS OF PERSON OR ORGANIZATION FOR WHOM OUTSIDE SERVICES WILL BE PERFORMED/SELF-EMPLOYMENT | | 6. LOCATION WHERE SERVICES WILL BE PERFORMED | |
| 7. NATURE OF ACTIVITY (Indicate type of activity, e.g., teaching, consultative services, etc., and give full description of specific duties or services to be performed. Specify, when possible, the scheduled days of week and hours or day proposed activity will be performed.) | | | |
| 8. ESTIMATED TIME INVOLVED IN OUTSIDE ACTIVITY | | | |
| a. PERIOD COVERED | | b. ESTIMATED TOTAL TIME DEVOTED TO ACTIVITY (If on a continuing basis, give estimated time per year) | |
| FROM | TO | | |
| c. WILL WORK BE PERFORMED ENTIRELY OUTSIDE USUAL WORKING HOURS? | | | |
| ___ YES ___ NO IF NO, INDICATE ESTIMATED NUMBER OF HOURS OR DAYS ABSENT FROM WORK | | | |
| 9. DO YOUR OFFICIAL DUTIES RELATE IN ANY WAY TO THE PROPOSED ACTIVITY? | | | |
| ___ YES ___ NO (DESCRIBE) | | | |
| 10. IF PROVIDING CONSULTATIVE OR PROFESSIONAL SERVICES, ARE YOU WOULD BE ASSOCIATES RECEIVING OR WILL THEY SEEK A GRANT OR CONTRACT FROM A FEDERAL AGENCY? | | | |
| ___ YES ___ NO (DESCRIBE) | | | |
| 11. METHOD OR BASIS OF COMPENSATION | | 12. WILL COMPENSATION BE DERIVED FROM A GOVERNMENT GRANT OR CONTRACT? | |
| ___ FEE ___ HONORARIUM ___ PER DIEM ___ PER ANNUM | | ___ NO ___ YES (DESCRIBE) | |
| ___ ROYALTY ___ EXPENSES ___ OTHER: | | | |
| 13. THIS REQUEST IS MADE WITH THE FULL KNOWLEDGE OF DEPARTMENT AND PRINCIPAL OPERATING COMPONENT POLICY AND PROCEDURES ON OUTSIDE ACTIVITIES. THE STATEMENTS I HAVE MADE ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. | | | |
| 14. SIGNATURE | | 15. DATE | 16. ADDITIONAL INFORMATION ATTACHED |
| | | | ___ YES ___ NO |
| 17. ACTION RECOMMENDED (Department Chair or Department Head) | | | |
| a. ___ APPROVAL ___ DISAPPROVAL | b. SIGNATURE | c. TITLE | d. DATE |
| 18. ACTION TAKEN | | | |
| a. ___ APPROVAL ___ DISAPPROVAL | b. SIGNATURE | c. TITLE | d. DATE |

**REQUEST FOR APPROVAL OF OUTSIDE ACTIVITY
USUHS FORM 1004**

The Department of Defense is required by the Privacy Act of 1974 to disclose the following information to you prior to your completing the attached USUHS Form 1004.

Therefore, in accordance with Section 3(e)(3) of P.L. 93-579 (the Privacy Act of 1974) you are advised that:

1. Executive Order 12674 authorizes the Department of Defense to collect the information requested on this form.
2. The information disclosed by you on this form will be used in considering your request to determine whether a conflict of interest would exist between the outside activity and your official duties.
3. The information supplied by you will be treated as Confidential and made available only to specifically authorized persons.
4. Your disclosure of the information requested on this form is voluntary. However, your failure to provide the information requested on this form will preclude approval of the outside activity.

Signature

Date

INSTRUCTIONS

Item 5 - Self-Employment: If applicable, indicate self-employment, the type of service (as medical, legal, etc.), whether alone or with partners, giving their names, and , if providing professional services to a large number of clients or patients, estimate the total number rather than listing them separately.

Item 10 - Federal Grants or Contracts Involved: Describe the Federal grants or contracts (type, granting of contracting department, etc.). Full details must be provided on any aspect of professional and consultative services which involves, directly or indirectly, the preparation of grant applications, contract proposals, program reports, and other material which are designated to become the subject of dealings between institutions and government units and the Federal Government.

Item 16 - Attachments: Be sure to sign copies of all attachments submitted.

Item 17 - COMMENTS OF RECOMMENDING OFFICIAL:

Item 18 - REASON FOR DISAPPROVAL: