

**NOTIFICATION OF OUTSIDE ACTIVITY\***  
**(Ref.: GSA Standards of Conduct Regulations)**

TYPE OF REQUEST

INITIAL    REVISED    RENEWAL

1. NAME (Last, First, Initial)	2. ORGANIZATIONAL LOCATION (Service or Staff Office, Division and Branch)
3. TITLE OF POSITION	4. GRADE
*5. NAME, ADDRESS AND BUSINESS OF PERSON OR ORGANIZATION FOR WHOM OUTSIDE SERVICES WILL BE PERFORMED	6. LOCATION WHERE SERVICES WILL BE PERFORMED
7. NATURE OF ACTIVITY (Include type of activity, e.g., teaching, consultative services, and give full description of specific duties or services to be performed. Specify, when possible, the scheduled days of week and hours of day proposed activity will be performed.)	

**8. ESTIMATED TIME INVOLVED**

a. PERIOD COVERED  FROM _____ TO _____	b. ESTIMATED TOTAL TIME DEVOTED TO ACTIVITY (If on a continuing basis, give estimated time per year)
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c. WILL WORK BE PERFORMED ENTIRELY OUTSIDE USUAL WORKING HOURS?  
 YES    NO IF "NO," INDICATE ESTIMATED NUMBER OF HOURS OR DAYS OF ABSENCE FROM WORK \_\_\_\_\_

9. DO YOUR OFFICIAL DUTIES RELATE IN ANY WAY TO THE PROPOSED ACTIVITY?  
 NO    YES (Describe)

\*10. IF PROVIDING CONSULTATIVE OR PROFESSIONAL SERVICES, ARE YOUR WOULD-BE ASSOCIATES RECEIVING OR WILL THEY SEEK A GRANT OR CONTRACT FROM A FEDERAL AGENCY?  
 NO    YES (Describe)

11. METHOD OR BASIS OF COMPENSATION <input type="checkbox"/> FEE <input type="checkbox"/> HONORARIUM <input type="checkbox"/> PER DIEM <input type="checkbox"/> PER ANNUM <input type="checkbox"/> ROYALTY <input type="checkbox"/> EXPENSES <input type="checkbox"/> OTHER (Specify)	12. WILL COMPENSATION BE DERIVED FROM A GSA CONTRACT?  <input type="checkbox"/> NO <input type="checkbox"/> YES (Describe)
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13. THIS REQUEST IS MADE WITH FULL KNOWLEDGE OF DEPARTMENT AND OPERATING DIVISION 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 OF EMPLOYEE	TELEPHONE NO.	15. DATE	16. ADDITIONAL INFORMATION ATTACHED  <input type="checkbox"/> YES <input type="checkbox"/> NO
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**17. ACTION RECOMMENDED BY APPROPRIATE SUPERVISOR**

a. <input type="checkbox"/> CONCURRENCE <input type="checkbox"/> NON-CONCURR.	b. SIGNATURE	c. NAME AND TITLE	TELEPHONE NO.	d. DATE
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**18. ACTION RECOMMENDED BY DEPUTY STANDARDS OF CONDUCT COUNSELOR**

a. <input type="checkbox"/> CONCURRENCE <input type="checkbox"/> NON-CONCURR.	b. SIGNATURE	c. NAME AND TITLE	TELEPHONE NO.	d. DATE
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## 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 or 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 designed 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.

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\*ITEM 17 - COMMENTS OF APPROPRIATE SUPERVISOR

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\*ITEM 18 - REASON FOR NON-CONCURRENCE