

OUTSIDE EMPLOYMENT OR DUAL EMPLOYMENT

Name:		Empl ID:	
Department:		Job Title:	
Faculty and staff members must disclose all existing outside employment and request approval prior to starting outside employment by providing the following information. I hereby certify that I am not engaged in outside employment or dual Texas State employment. I have read the UNTD policy on Outside Employment and understand I must fully comply with the provisions of that policy. I hereby certify that the requested outside employment or dual Texas State employment does not constitute a conflict of interest and will not interfere with my regular employment at the University of North Texas at Dallas. I have read the UNTD policy on Outside Employment and understand I must fully comply with the provisions of that policy.			
Proposed Outside Employment or Dual Employment			
Employer:			
Dates of employment:			
Duties or activities:			
Texas State Ager	ncy Not a Te	xas State Agency	
	Employe	e's signature	Date
All reported outside employment activity must be reviewed by the department head, chair, or dean to determine conformance of the proposed activity with the guidelines stated in the UNTD policy on Outside Employment. Forward signed original request to the Human Resources Department.			
Approved			
	Signature of Dep	partment Head/Chair	Date
Disapproved			
	Signature of Dea	un (if applicable)	Date
Reason for Disapproval:			