Texas A&M University-Commerce External Employment Application and Approval Form

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form

En	nplovee name:								
	nployee name:	First		Middle		Last			
Tit	tle:								
In	such external emplo	oyment, I will ac	t as an individual a	proposed employment of not as a representation related to my profession	ve of System or				
1.	Name and address	of employing fir	m, agency or indivi	dual:					
2.	Nature of work (incl	ude where the v	work will be perform	ed):					
	·			o. If yes, the following is fessional enhancement)	-	questing releas	se time		
4.		•		received for external em		\$50.000	\$>50.000		
	Note: External En	nployment requ	uests will not be g te on August 31 of	ranted for a period lon the current fiscal year as September 1 – Augu	nger than one y . All employee	ear. All auth	orizations		
5.	Period of request: -	Date		through	than August 31	of current fisca	l year)		
	Total release time requested for period (if none requested, state N/A):								
	Total release time (including previo	us approvals):						
6.	Equity ownership in	volved?	If so, th	e amount and type of ec	quity interest ow	ned:			

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 The Texas A&M University System. 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 A&M-Commerce. I also certify that this external employment will be conducted at no expense to A&M-Commerce.

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

I certify that I have read System Policies 07.01, Ethics, and 31.05, External Employment and Expert Witness, and System Regulation 31.05.02, External Employment, 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			Date	
Approval recommended:	Release time recommended?	Yes	No	
Supervisor/Department Head			Date	
Approved:	Release time approved?	Yes	No	
Dean/Director			Date	
Vice President			Date	
President			Date	