Model 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.

Employee name:			
	First	Middle	Last
Title:			
Department:			
In such external emp	oloyment, I will act a	employment. The proposed employment will is an individual and not as a representative o rnal employment is not directly related to my	f The Texas A&M University System,
1. Name and addres	s of employing firm,	, agency or individual:	
2. Nature of work:			
		esNo. If yes, the following is my m, professional enhancement):	basis for requesting release time
regardless of len	gth, will terminate	sts will not be granted for a period longe on August 31 of the current fiscal year. A al year, defined as September 1 – August	II employees/faculty members mus
4.Period of request:		through	
	Date	Date (No later th	han August 31 of current fiscal year)
Total release time	requested for perio	od (if none requested, state N/A):	
Total release time	(including previous	approvals):	
5.Equity ownership i	nvolved?	If so, the amount and type of equity	y interest owned:

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

I fully agree and understand that official release time is contingent upon this activity being of value to The Texas A&M University System 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	r	Date	
Approval recommended:	Release time recommended?	Yes No	
Department Head		Date	
Approved:	Release time approved?	Yes No	
		Date	
President/Chief Executive Offic	cer of System Member or Designee	Date	