



UNIVERSITY OF
GEORGIA

**University of Georgia
Compensated Outside Activities
Approval Form**

Purpose: This form should be completed by University of Georgia (UGA) employees (faculty and staff) seeking approval to engage in compensated outside activities that relate to their expertise or responsibilities as a UGA employee. Such activities include consulting, teaching, speaking, and participating in business, professional, or service enterprises. Completed forms should be forwarded through your supervisor to the appropriate Dean, Department Head, Vice President, Associate Provost, or Director of your college, school, or unit for approval. An employee is not required to obtain written approval prior to engaging in compensated outside activities that do not relate to the employee's expertise or responsibility as a UGA employee.

Policy Requirement: In accordance with [Board of Regents Policy 8.2.18.2 Conflicts of Interest, Conflicts of Commitment, and Outside Activities](#), each UGA employee with a work commitment of 30 or more hours per week must obtain written approval in advance from the Dean, Department Head, Vice President, Associate Provost, or Director of the employee's college, school, or unit of primary employment prior to engaging in compensated outside activities that relate to the employee's expertise or responsibilities as a UGA employee. Non-faculty employees must take annual leave when engaged in outside activities during work hours. Outside work of faculty members must not exceed one day per week, on average.

Please provide the information requested below:

Name: _____

Title: _____

School/College/Unit: _____

Department: _____

Email: _____ **OneUSG EmplID:** _____

1. Information Regarding the Business or Organization that is the Subject of this Request (Organization):

Name: _____

Primary Contact: _____

Email: _____

Phone: _____

Address: _____

2. Dates of Proposed Outside Work

Note: All dates must fall within a single fiscal year ending on June 30.

Starting Date (MM/DD/YYYY): _____

Ending Date (MM/DD/YYYY): _____

Note: If work is expected to extend beyond June 30, a separate Approval Form must be submitted for the next fiscal year.

Total # of hours: _____

Total # of months: _____

Avg. # of hours per month: _____

3. What services or activities will you engage in on behalf of this organization? Check all that apply.

_____ Consulting
_____ Officer/Manager
_____ Other

_____ Board of Directors
_____ Instruction

Provide details regarding any activities you will engage in on behalf of this organization:

4. What compensation will you receive from this organization for the proposed outside activities? Check all that apply:

_____ Salary
_____ Honoraria
_____ Travel Costs
_____ Gifts or other things of Value

_____ Expense Reimbursements
_____ Royalties
_____ Loans
_____ Equity/Ownership Interest

Provide details to include amounts of anything of value to be received:

5. Missed University Work

Identify any UGA classes, meeting, or responsibilities that will be missed because of this proposed Outside Work, and what arrangements are proposed to cover any missed responsibilities:

6. Is the organization a for-profit organization? ☐ Yes ☐ No

7. Research, Intellectual Property, and Startup Activity

If any of the questions at 7a through 7f below receive a YES answer, then the Approver must forward this request to the Office of Research Integrity and Safety at oris-coi@uga.edu for review and consultation by the Office of Research prior to the Approver's final decision, including any approval or issuance of a management plan.

7a. Could the proposed compensated outside activity conceivably be conducted as either a sponsored project or as sales and service activity? ☐ Yes ☐ No

If yes, why is the proposed activity more appropriate as compensated outside activity?

7b. Does the organization provide any sponsored project funding to UGA that directly supports any of your University responsibilities? ☐ Yes ☐ No

If yes, please describe.

7c. Do you intend to use any existing UGA intellectual property in performing the compensated outside activity?

_____ Yes _____ No

If yes, please describe.

7d. Are you required to assign current or future intellectual property rights to the organization under the proposed compensated outside activity? _____ Yes _____ No

If yes, please describe.

7e. Does the scope of work of your proposed compensated outside activity overlap with the scope of any sponsored or service project you currently are performing at UGA, or that you may perform at UGA in the future? _____ Yes _____ No

If yes, please describe.

7f. Is the organization a startup company? _____ Yes _____ No

If yes, please identify your role and the role of your family members on behalf of the organization (if any), and also identify all UGA employees and students who are founders, investors, employees, consultants, or agents of the organization or who may have any other connection to the organization.

8. To your knowledge, does the organization receive federal funding as it relates to the work you would be performing? _____ Yes _____ No

9. Is the organization a vendor of the University of Georgia? _____ Yes _____ No

“Vendor” means any person who sells to or contracts with UGA for the provision of any goods or services.

- 10. Do you or anyone you supervise participate in or approve of the purchase of products or services from this organization in the role of a UGA employee?**

_____ Yes _____ No

If yes, please provide relevant details:

- 11. Do you, or members of your immediate family, have any ownership in this organization?**

_____ Yes _____ No

- 12. Is the organization owned by a member of the institution’s faculty or staff?**

_____ Yes _____ No

If yes, please provide details:

- 13. In the past 12 months, have you received any of the following from this organization?
Check all that apply.**

_____ Salary	_____ Loans
_____ Honoraria	_____ Travel Costs
_____ Royalties	_____ Gifts or other things of value
_____ Expense Reimbursements	

Provide details of anything of value received:

- 14. Will UGA students, interns, trainees, post-doctoral students or other UGA employees participate in the activities of this organization?**

_____ Yes _____ No _____ N/A

If yes, please provide relevant details:

15. Will any UGA property or resources be used in the execution of your activities with this organization?

☐ Yes ☐ No

If yes, please provide relevant details, including your plan to reimburse the institution:

I hereby swear or affirm that the information provided below is true and correct to the best of my knowledge.

Signature of submitting employee

Date

To be completed by authorizing representatives:

Review by employee's immediate supervisor: ☐ **Completed**

Supervisor's Name: _____

Review by UGA President or Designee:

☐ **Approved**

☐ **Approved with below-listed restrictions**

☐ **Disapproved**

Restrictions:

Name

Title

Authorized Signature

Date