

Request for Approval of Outside Professional Work for Compensation (Form 1460)

The UW's Executive Order 57, Outside Professional Work Policy (the "Policy"), requires faculty members, librarians, and all other academic personnel to obtain University approval before engaging in any activities for which they receive compensation directly from an outside or non-UW source (i.e., the paycheck does not come from a UW account). Note that this does not include honoraria for certain academic or scholarly work for not-for-profit organizations, educational institutions, and governmental bodies. A full description of what constitutes outside professional work for compensation can be found in the Policy. Purely voluntary work for which no financial payment, property rights, or other tangible benefit of any sort will be received does not require approval.

Compliance with the Policy provides significant protection from potential complaints under the Washington State Ethics Act, RCW 42.52 (the "Ethics Act").

2507-100 FY2025 Received 7/16/24 Office of Research

Instructions for Submitting the Request

- 1. Fill in the blanks below and sign the Request Form.
- 2. Send the Request Form to your department chair or program director for review and recommendation.
- 3. The department chair or program director will evaluate the Request Form, make a recommendation, and submit the Request Form and recommendation to the appropriate dean, chancellor, or vice provost, for further action. Under some circumstances, review by the Provost's Office may also be necessary.
- 4. In all cases, following review by the dean, chancellor or vice provost, forward the signed Form 1460 for final determination to:

work1460@uw.edu OR

Office of Research, Attn: Outside Work Requests, Box 351202.

A. APPLICANT INFORMATION

_ast Name		First Name	Middle Name
Addoh		Ovuokerie	
Employee ID Email			I am here on a visa ☐
813008435 ocaddoh@uw.edu			Visa Type
Department/Program		College/School	Campus
Rehabilitation Medicine	•	SCHOOL OF MEDICINE	SEATTLE
Job Title		%FTE	Service Period (12 mo, 9 mo or other)
Assistant Professor		100.00	12.00
	utside Professional Wo	rk Policy within the past year.	

B. OUTSIDE ORGANIZATION INFORMATION

Deeper Involvement with the Organization Do you or any member of your immediate family, including any significant other: 1. Have ownership or other Significant Financial Interest with the outside Organization (includes annua compensation >\$5,000, and as otherwise defined in UW Policy GIM 10)? 2. Have a management position? 3. Participate in day-to-day operations (e.g. as an employee)? 4. Have other significant or continuous involvement with the outside organization that is deeper than an consulting relationship?	lame of Organization	me of Organization University of Mississippi			
Email ford@olemiss.edu Phone (662) 202-860 Deeper Involvement with the Organization 1. Have ownership or other Significant Financial Interest with the outside Organization (includes annua compensation >\$5,000, and as otherwise defined in UW Policy GIM 10)? 2. Have a management position? 3. Participate in day-to-day operations (e.g. as an employee)? 4. Have other significant or continuous involvement with the outside organization that is deeper than an econsulting relationship? or any indicated relationships, please describe the involvement:		Please sp	ell out the full name of the organization	on	
Deeper Involvement with the Organization 1. Have ownership or other Significant Financial Interest with the outside Organization (includes annua compensation >\$5,000, and as otherwise defined in UW Policy GIM 10)? 2. Have a management position? 3. Participate in day-to-day operations (e.g. as an employee)? 4. Have other significant or continuous involvement with the outside organization that is deeper than an consulting relationship? or any indicated relationships, please describe the involvement:	ontact at Organization	Name	Allison Ford-Wade	Title	Professor
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C. OUTSIDE ACTIVITY INFORMATION

Category of Activity (check all that apply):		
☐ Professional/Private Practice (1) ☐	Performing Arts (2) Consultant (3)	Speaker (4)
☐ Editor (6) ☐ Expert Witness (7) ☐	Professional/Cont. Education (8)	tific/Technical/Expert Advisor (9)
Reviewer of Research Proposals or	Manuscripts for Publication (10) ✓ Other (11) Adjunct Instructor
Period of Work: The dates between which t	he work will be performed. To	Number of days for activity
07/01/2024	06/30/2025	20
Describe the activities to be performed your UW employment:	I. Include the nature and scope of the activ	ities and their relationship (or lack thereof) to
	y activities with the University of Mississippi during Health, Exercise Science and Recreation Manag	g for the 2023/2024 academic year, serving as ement. The nature of work is completely separate
5. Will other UW employees or students	be involved in this work?	[Yes ☑ No
6. Are you receiving or do you anticipa	te receiving any UW research funding from	the organization? ☐ Yes 🗗 No

D. UW RESOURCES & PROPRIETARY INFORMATION

Please refer to Sec	ection 7 of Administrative Policy Statement 59.04	
☐ Yes 🗸 No	7. Is there a reasonable possibility that this work will result in the transfer or u CoMotion authorized licence) of a patentable invention conceived or actually UW? If yes, describe the invention:	
☐ Yes 🗸 No	8. In this outside work, will you be participating in activities that are likely to re inventions?	sult in patentable
☐ Yes 🗸 No	9. In this outside work, will this activity require that you conduct original resea	rch?
NOTICE: You sho	questions 7, 8, or 9 is yes a Patent Assignment Agreement must be signed by you and nould carefully review any agreements with the outside Organization to be certain any te your obligations as a UW Employee. For further information see Presidential Orders EC	erms you agree to are
-	le work for compensation).	, , ,,
▼ Yes □ No	10. I AGREE: UW employees, including faculty members, librarians, and other academic supplies, equipment, or facilities for outside work except for limited uses in approved ou work. APS 47.02 describes the scope of these limited uses. This Form is the means by approval of outside work, in part to authorize these limited uses. By checking "yes" you more than these limited uses in any outside work approved under this form.	itside which you may obtain
pplicant Sig	gnature	
In submitting this r	s request, I certify that the Statement above are truthful to the best of my knowledge.	
Ovuokerie Addoh	07-04-2024	
Applicant Signatu	ture Date	

Department Chair/Dean Signatures

I am confident on the basis of the inform	ation provided that the	proposed outside work:		
 Will not interfere with the Applican Is not within, or a duplication of, the Does not fall within the scope of the If it involves consulting with anothe If applicable, a deeper involvement management plan will be prepared 	e UW duties of the App ne Applicant's grant or or or state entity, RCW 42. nt review will be conduc	olicant or under the Applicant's supe contract funding at the UW 52.110-120 have been followed		
I ☑ approve ☐ do not approve this request	approve ☐ do not approve this request		approve this request	
Janna Friedly	07-11-2024	Chirag Patel	07-16-2024	
Chair Signature	Date	Dean Signature	Date	
Vice Provost's/Provost's Off ☐ Acknowledgement of receipt of form,		uired		
Office of the Provost Signature		Date		
Evaluation of Request by \(\nabla \) approve \(\square \) do not approve this reques Requirements upon which Approval is C. - No services you perform as part of your of in research, or other institutional activities. - Only de minimis use of University resour.	t Conditional (if any): outside work for Univers , at the University.		work you perform while participating	
DocuSigned by:				
Alana Clark		8/9/2024	ļ	
Provost or Designee Signature		Date		