



Permission for Outside Activity

Adopted by President's Cabinet 7/22/16
Revisions Adopted by President's Cabinet 6/26/18
Revisions Adopted by President's Cabinet 8/28/18
EMPLOYEE NAME and POSITION TITLE: _____

ADDRESS: _____

PROPOSED ACTIVITY: _____

ADDRESS OF PROPOSED ACTIVITY: _____

DESCRIPTION OF PROPOSED ACTIVITY:

WORK SCHEDULE FOR PROPOSED ACTIVITY: _____

EGSC RESOURCES REQUESTED FOR PROPOSED ACTIVITY: _____

PLAN FOR REIMBURSING EGSC FOR RESOURCES USE: _____

CERTIFICATION STATEMENT

I, _____, do hereby certify that the above proposed outside activity will not interfere with the regular and punctual discharge of my official duties at East Georgia State College. I understand that East Georgia State College is my primary employer. In addition, I have discussed all potential conflicts of interest with my first line supervisor and presented a plan for management of any conflicts to my supervisor, reviewed the College's Conflicts of Interest and Conflicts of Commitment Policy concerning outside activities and agree to comply with the policy, including the proper use of annual leave for such activities as appropriate. I understand that if additional approvals are required by USG, I will not engage in the proposed outside activity unless and until USG approval is received and I am so notified by my supervisor. In such instance a copy of the written USG approval will be attached to this form. I understand that I have a continuing duty to report and fully disclose any conflict or potential conflict that may arise during the course of this outside activity. I understand that, if approved, this request for outside activity will be effective for a period of one (1) year from the date of approval. Continuance of the outside activity beyond this period while employed at EGSC will require submission of a new outside activity request.

EMPLOYEE SIGNATURE

DATE

SUPERVISOR/ DEAN

DATE

PRESIDENT

DATE

Copy to: Employee
Supervisor/Dean
Director of Human Resources