SUL ROSS STATE UNIVERSITY

ANNUAL REQUEST FOR APPROVAL
OF OUTSIDE EMPLOYMENT

Name: ____________________________  Department: ____________________________

Date of Outside Employment: Beginning: __________  Ending: ________________

Nature of Outside Employment: ____________________________________________

________________________________________________________________________

During the time of outside employment, what is the average number of hours per week that you will be involved in this outside employment? ____________________________

When will this outside work be done? (e.g. weekends, evenings, etc.) ____________________________

IF NECESSARY, ATTACH AN ADDITIONAL SHEET DESCRIBING EMPLOYMENT.

I certify that the outside employment described in this request is in full compliance with the guidelines outlined in the Rules and Regulations of the Texas State University System, Chapter V, Paragraph 4.83 and in the Faculty Handbook of Sul Ross State University, Chapter II, Section 2.08.

________________________________________________________________________

Faculty Member  Date

Department Chair  Date  Approval Recommended

Disapproval Recommended

Dean  Date  Approval Recommended

Disapproval Recommended

Provost and Vice President for Academic Affairs  Date  Approval Recommended

Disapproval Recommended

President  Date  Approval Recommended

Disapproval Recommended