

**UNIVERSITY OF ARKANSAS DIVISION OF AGRICULTURE
OUTSIDE EMPLOYMENT REQUEST¹**

Faculty Member's Name _____ Department/Unit _____

Dates: Beginning _____ Ending _____ Total Days _____

1. How will time be taken (annual leave, weekends, holidays, etc.)?

2. Do you have a memorandum of understanding, grant or contract with this agency/organization?

Yes No

3. Do you or any member of your immediate family own an equity interest in this agency/organization or its Parent company?

Yes No

4. Do you hold an office in this contracting agency/organization or any of its subsidiaries?

Yes No

5. Explain the nature of the consulting activity (location, type of consulting, schedule of consulting activity, etc.)

6. Explain how assigned responsibilities in teaching, research and/or Extension will be covered.

I certify that this request for outside employment in no way conflicts with my duties and responsibilities as an employee of the University of Arkansas Division of Agriculture and with the administrative units of the Division. Furthermore, I certify that this outside employment will not compromise the positions or policies of the Division. I accept full responsibility should any such conflict arise. I also certify that I will not make use of University or Division facilities, equipment or personnel unless a request for special consideration is submitted and approved. (In the event special consideration is granted, documented information must be attached.)

Date

Signature of Requestor

¹ Attach separate sheet(s) of paper to answer questions. Please repeat each question on attached sheets.

