

**UNIVERSITY OF ARKANSAS SYSTEM DIVISION OF AGRICULTURE
OUTSIDE EMPLOYMENT/ACTIVITY REQUEST¹**

Employee'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? If so, please attach.

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 outside employment or activity (location, type of employment or activity, etc.).

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

7. If this employment involves another state agency or institution, have you applied for concurrent employment approval?

Yes No

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

With my signature below, I acknowledge the University of Arkansas System Board policies, along with Division of Agriculture's policies require Division employees have an obligation to avoid ethical, legal, financial and other conflicts of interests with their obligations to the University and the Division and their welfare. I have read such policies and certify that I have and will disclose any relationships or activities which might give rise to conflicts, or the appearance thereof, with my duties, responsibilities, or obligations to the Division of Agriculture. I accept full responsibility should any such conflict arises.

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 Employee

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APPROVAL FORM**

Employee's Name _____

Department/Unit _____

Contracting Agency _____

Outside Employment/Activity² Approved Denied

Facilities: Approved Denied Not Applicable

Department Head/Center Director/Section Leader/District Director

Date

Associate Director

Date

Associate Vice President

Date

² Approval of each employment/activity is required.