UNIVERSITY OF ARKANSAS DIVISION OF AGRICULTURE
OUTSIDE EMPLOYMENT REQUEST

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.

7. If this employment involves another state agency or institution, have you applied for concurrent employment approval?
   Yes □ No □ N/A □

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.
UNIVERSITY OF ARKANSAS DIVISION OF AGRICULTURE
OUTSIDE EMPLOYMENT REQUEST
APPROVAL FORM

Faculty Member’s Name

Department/Unit

Contracting Agency

Consulting Approved²

Denied

Facilities Approved

Denied

Not Applicable

Department Head/Center Director/Section Leader/District Director

Date

Associate Director

Date

Associate Vice President or their designee

Date

² Approval of each consulting activity is required.