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 and Student Affairs ____________________________  Date ____________________________ Approval Recommended

Disapproval Recommended

President ____________________________  Date ____________________________ Approval Recommended

Disapproval Recommended