

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