

**REVIEW FORM FOR
USO EMPLOYEES
OUTSIDE ACTIVITIES APPROVAL**

Purpose:



Estimated Annual Time Commitment (Round hours up to the nearest day; must be at least 1 day)	_____ Days	Please provide further details, if needed:	
Time Period	Start Date:		End Date:
Type of Activity	One-time activity (during dates) Multiple activities (during dates) Recurring activity (i.e., monthly, annually, etc.) Ongoing Arrangement		
Will you receive anything of value from this organization for this activity?	Yes No	If yes, please describe:	

Will this organization cover expenses?
 (e.g., travel, per diem, etc.)

Do or will students, interns, trainees, post doctoral students or other USG employees participate in the activities of this organization?	Yes	If yes, please provide additional details:
	No	
Will work be performed entirely outside of your USG working hours?	Yes	If no, please describe:
	No	

I acknowledge that if an actual or apparent conflict of interest arises from the outside activity, I must disclose it.		
I acknowledge that appropriate leave must be used for outside activities during work hours.		

By signing below, I certify that the information on this form is accurate and complete.

Employee Printed Name

Employee Signature

Date

Supervisor Printed Name

Supervisor Signature

Date



Approved.		
Approved, with restrictions.		
Denied.		

Authorized USO Employee

Date