



# Staff External Work Report In Compliance with Policy 2.1.16 Human Resources

Applies to: Staff, applicants

ACTIVITIES REQUIRING APPROVAL ON THIS FORM - Non-college activities conducted either during or outside of designated work time that present a potential conflict of interest. For further information, please refer to the Office of Human Resources Policy 2.1.16, Conflict of Interest and Work Outside the College. For assistance and consultation on use of this form please contact the Office of Human Resources. Approval signatures are required BEFORE you begin the activity.

**To Be Completed by Employee:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

External Organization Name: \_\_\_\_\_

Activity: \_\_\_\_\_

Dates of Activity: \_\_\_\_\_ Hours of Activity: \_\_\_\_\_

Describe your involvement: \_\_\_\_\_  
\_\_\_\_\_

This activity is  Compensated  Uncompensated

- Will your activity generate intellectual property?  Yes  No
- Will this involve work during your scheduled work hours?  Yes  No
- Will there be use of college supplies, equipment or intellectual property?  Yes  No
- Please describe all "YES" answers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Read the following and sign below:

I UNDERSTAND THAT WHILE ENGAGED IN AUTHORIZED EXTERNAL ACTIVITIES I REMAIN RESPONSIBLE FOR THE PERFORMANCE OF ALL MY ASSIGNED DUTIES AND RESPONSIBILITIES WITHIN THE COLLEGE.

\_\_\_\_\_  
*Employee signature*

\_\_\_\_\_  
Date

**To Be Completed by the Supervisor:**

- Does a potential conflict of interest exist?  Yes  No
- If yes please describe: \_\_\_\_\_
- Can this be managed to eliminate the conflict of interest?  Yes  No
- How will this situation be monitored? Be specific and include names of responsible parties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This activity is:  Approved  Not approved

\_\_\_\_\_  
*Supervisor signature*

\_\_\_\_\_  
Date