

**FLORIDA POLYTECHNIC UNIVERSITY  
OUTSIDE EMPLOYMENT OR OUTSIDE ACTIVITY DISCLOSURE FORM**

*Pursuant to regulation FPU-6.008 Outside Employment and Outside Activities, a separate form must be completed for each outside employment/activity. Employees must complete and submit this form to Human Resources on an annual basis and prior to participating in any new outside employment/activity.*

**EMPLOYEE INFORMATION**

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

**PROPOSED EMPLOYMENT/ACTIVITY**

Nature of Employment/Activity:  Employment  Continuing Business Interest  
(check all that apply)  Other Professional Activity  Other Compensated Activity

Name of outside employing or contracting entity or person: \_\_\_\_\_

Address of outside entity named above: \_\_\_\_\_

Description of Employment/Activity (attach additional page, if necessary): \_\_\_\_\_

Will you receive compensation (directly/indirectly) from this employment/activity?  No  Yes  
If yes, please list source and type of compensation: Commission

Does this employment/activity include employment with another state agency?  No  Yes  
If yes, dual compensation approval must be obtained.

Are Florida Polytechnic University employees and/or students involved?  No  Yes

Date this outside employment/activity would begin and end: \_\_\_\_\_

Estimate of number of hours spent **per week on this outside employment/activity**

Estimate of **total** estimated number of hours during this fiscal year on **all outside employment/activities** including this one: \_\_\_\_\_

Will classes be missed?  No  Yes If yes, explain how classes will be covered: \_\_\_\_\_  
\_\_\_\_\_

Will University equipment, facilities, or services be used in the course of this employment/activity?  
 No  Yes If yes, please describe the proposed use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you required to waive any rights you or Florida Polytechnic University might have to intellectual property you develop, including copyrights or patent rights?  No  Yes If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

*I certify that the outside employment/activity does not constitute a conflict of interest and will not interfere with my regular employment at Florida Polytechnic University.*

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**-----SUBMIT COMPLETED FORM TO HUMAN RESOURCES-----**

**For HR use only**

Date received in HR: \_\_\_\_\_ Received by: \_\_\_\_\_

HR opinion as to **outside employment/activity**:  Approved  Not Approved because of a potential or actual conflict of interest

HR opinion as to **requested use of equipment, facilities or services**:

Approved  Not Approved  N/A

If approved, recommended restrictions:

\_\_\_\_\_  
HR sent to **Reviewer** (name) \_\_\_\_\_ for review and approval on (date) \_\_\_\_\_.

HR representative's signature: \_\_\_\_\_

**For Reviewer's use only**

Reviewer opinion as to **outside employment/activity**:  Approved  Not Approved because of a potential or actual conflict of interest

Reviewer opinion as to **requested use of equipment, facilities or services**:

Approved  Not Approved  N/A

If approved, any limitations: \_\_\_\_\_

Reviewer's signature \_\_\_\_\_ Date: \_\_\_\_\_

*Reviewer to return completed form to Human Resources.*

**For HR use only:**

**Based on the comments above, the University's Final Decision is:**

The **outside employment/activity** is:  Approved  Not Approved

The **requested use of equipment, facilities or services**:

Approved  Not Approved  N/A

If approved, any special restrictions: \_\_\_\_\_

Date HR sent copy of decision to employee's email address listed above: \_\_\_\_\_

HR representative's signature: \_\_\_\_\_

*If you, the employee, believe your request has been unduly denied, you may send a Letter of Appeal to the Office of the President. The Letter of Appeal must be received by the Office of the President no later than ten days after the date the notification of denial was sent to you.*