VIRGINIA STATE UNIVERSITY
ACTION FORM FOR OUTSIDE EMPLOYMENT
FOR THE PERIOD OF January 2017-December 2017

Please type or print this information.

I, ________________________________ in accordance with VSU Human Resource Policy 7060, request approval to engage in outside employment as follows:

Name of Outside Employer: ____

Outside Employer Address:____

Job Responsibilities of Outside Employment: ____
____
____

Supervisor (if applicable): ____

Hours of Work: ____

Dates of Employment: From: ________/________2017 To: ________/________2017

Period of activity (not to exceed one calendar year)

♦♦♦

Current Position Held at University: ____

Department: ______________________________ Campus Box #: _____________

Current Work Load/Schedule (hours/credit hours per week): ________Office Hrs:________

I certify that the above information is accurate. Additionally, I certify that the above request will not in any way interfere with my full-time duties and responsibilities and/or related assignments at Virginia State University. **I have reviewed the University's Policy on Outside Employment Activities and will comply with the provisions contained therein**. I understand that any deviation from the above request must be re-evaluated by the appropriate university officials.

____ __________________________________
Employee's Signature Date

☐ Yes ☐ No ____
Supervisor's Signature Date

I have reviewed the above request and certify that the proposed outside employment is in accordance with the University Policy.

☐ Yes ☐ No ____
Dean/Director's Signature Date

☐ Yes ☐ No ____
Vice President's Signature Date

☐ Yes ☐ No____
Associate Vice President for HR Signature Date

☐ Yes ☐ No ____
President's Signature Date

NOTE: The Office of Human Resources will send a copy of the form to the employee and the employees' supervisor after the President has signed it.