

The University of Texas Health Science Center at Houston
Request for Approval of Participation in Outside Employment Activities

Name: _____

Title: _____

Department: _____

Approval is requested for permission to engage in the following outside activities:

Company/ Agency	Activity (Brief Description)	Dates	Anticipated Compensation (If Applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The University of Texas Health Science Center at Houston equipment may not be used for consulting purposes by any member of the faculty or staff without express approval. In unusual cases where a very unique piece of equipment is not otherwise available, such usage may be authorized, assuming availability of the equipment and adequate compensation to the health science center. In such cases, the faculty or staff member making the request must describe the health science center equipment to be used and justify its request. In no case may the rate of compensation be negotiated by the faculty or staff member. Such negotiations will be between the individual school's or unit's financial manager and the entity contracting with the faculty member to consult. Negotiations for use of equipment and rate of compensation will not occur until final approval has been given to the Request for Prior Approval of Participation in Compensated Outside Activities. I acknowledge that I have read and will abide by the applicable Regents' *Rules and Regulations*, Series 30103, as well as UTHHealth HOOP Policy 20, Conflict of Interest and Outside Activities.

I understand that if my outside employment is with another Texas state agency, I must notify Human Resources (classified and management administrative and professional employees) or the applicable dean(s)/administrative equivalents(s) and the Benefits Office (faculty and academic administrative and professional employees) so that overtime compensation (if applicable) and premium sharing may be coordinated. I understand that if an improper duplication of state-paid benefits occurs, I am required to refund the amount of the over payment to the appropriate state agency per UTHHealth HOOP Policy 21, Multiple Employments with Texas State Agencies.

Signed: _____

Date: _____

APPROVAL RECOMMENDED BY:

Signature (Direct Supervisor)

Date: _____