

Prior Approval for Outside Professional Activities (Category I) or for Involving Students in Outside Professional Activities ([APM 025](#))

Faculty Member Name: _____ Academic Title: _____

Department: _____ School: _____

Complete this form if you plan to: *(complete a separate form for each Category I Activity. You may attach separate sheets if you need additional space)*

1. Engage in any Category I Outside Professional Activity, or
2. Involve students for whom you have academic responsibility (instructional, evaluative, or supervisory) in an Outside Professional Activity.

1. General description of the business/agency/organization/group/individual you wish to be involved with:

2. Activities/products/services of entity described in answer to question 1 above:

3. Nature of your relationship to entity named in answer to question 1 above (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Consultant. Attach consultant agreement
Name of Organization: _____ | <input type="checkbox"/> No agreement exists |
| <input type="checkbox"/> Board Member | | |
| <input type="checkbox"/> Equity/Royalty Interest | <input type="checkbox"/> Salaried Employee.* Attach employment agreement
Name of Organization: _____ | <input type="checkbox"/> No agreement exists |
| <input type="checkbox"/> Stockholder or Partnership Interest | | |
| <input type="checkbox"/> Other, please explain: _____ | | |

4. Type of activity in which you will be involved:

Category I Activities

- Executive/managerial role
- Administering a grant outside UC that would ordinarily be administered under the auspices of the University of California
- Salaried employee, including compensated teaching or research activity at another university
- Other potential conflict of commitment

Other Activity Requiring Approval

- Exceeding the 39 or 48 day time limit
 - Outside activities involving students whom you have, or expect to have, academic responsibility (instructional, evaluative, or supervisory).**
- Name of Student(s):

**Student involvement must not affect, positively or negatively, the faculty member's evaluation of the student's performance in any other context. Approval for student involvement is delegated to the Department Chair.

5. Beginning and ending dates (month/year) of your involvement in this activity: _____

6. Fiscal year(s) for which seeking approval (July 1 - June 30): _____

7. Estimated number of days' involvement during academic or fiscal-year appointment: _____

8. Do you wish to take a full- or part-time leave while engaged in this activity? NO YES

If yes, Leave with pay Please note that any leave of absence request will need to be submitted and reviewed based on the applicable leave review procedures at the time of the leave request.
 or Leave without pay

Faculty Member's Signature Date Print Name

Chair's Signature Date Print Name

Dean's Signature Date Print Name

Vice Provost's Signature Date Print Name

Approvals

- Approval granted through fiscal year ending June 30, 20_____
- Request Denied

* Provost and Executive Vice Chancellor's Signature for Approval of "Salaried Employee" Category I Outside Activity:

Provost and EVC's Signature Date