

# Request For Private Employment Or Activity

**Instructions:** One form is required for each outside employment or activity. Approval is required before accepting an outside employment or activity. Approvals expire at the end of the outside employment or activity.

**Section I – Name:** \_\_\_\_\_ **PLID:** \_\_\_\_\_

**Section II – Purpose.** *Indicate the purpose this form is being submitted by checking the appropriate box.*

- 1. For approval to hire the above named person who is employed by, or involved with the activities of, a private entity.
- 2. For approval for the above named Texas State employee to participate in employment/activity with a private entity.

**Section III – Employer Information.** *Complete all boxes in each column.*

	Texas State Employment	Outside Private Employment or Activity
Name of Employer or Activity:	Texas State University-San Marcos	
Address of Employer or Activity:		
Phone # of Employer or Activity:	(Area Code) & #: (     )     )	(Area Code) & #: (     )     )
Department Name:		
Job Title:		
Duties And Responsibilities:		
Begin/End Date:		
% of Appointment/Hours per week:		
Receiving Compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section IV – Employee or Prospective Employee Statement.** *I hereby certify that the private employment or activity reported above does not constitute a conflict with my Texas State duties and responsibilities. I understand and agree that Texas State may lawfully require me to end the employment or activity if it is determined to be in conflict with my Texas State duties and responsibilities.*

Employee/Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section V – Department Head Review.** *Select one of the following statements:*

- In my judgment the private employment/activity described above is not in conflict with the employee’s Texas State duties and responsibilities. The request is approved.*
- In my judgment the private employment or /activity described above may be in conflict with the employee’s Texas State duties and responsibilities. I am forwarding the request for further administrative review.*

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section VI – Administrative Review and Decision.**

Dean/Division VP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Approved     Not Approved

**Routing:** *Dean/Divisional VP returns to Department Head. If request is approved, Department Head sends original to Human Resources for filing.*