

# Request For Public Outside Employment or Activity

**Instructions:** One form is required for each outside employment/ activity. Approval is required before accepting an outside employment/ activity. Approvals expire at the end of the outside employment/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, another public entity.
- 2. For approval for the above named Texas State employee to participate in employment/activity with another public entity.

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

	<b>Texas State Employment</b>	<b>Outside Public Employment or Activity</b>
Name of Employer or Activity:	Texas State University	
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
Eligible for FLSA Overtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Covered by Social Security?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enrolled in Group Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive State Longevity Pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive State Hazardous Duty Pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive Benefit Replacement Pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enrolled in Retirement Program?	<input type="checkbox"/> TRS <input type="checkbox"/> ORP <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> TRS <input type="checkbox"/> ORP <input type="checkbox"/> Other <input type="checkbox"/> None

**Section IV – Benefits.** *Explain the benefits to be gained by approval of this request.*

\_\_\_\_\_

\_\_\_\_\_

**Section V – Employee/Prospective Employee Statement.** *I hereby certify that the outside public 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 VI – Recommendations.** *Considering the benefits to the State, the requirements of State or Federal law, and the potential for conflict with the employee’s Texas State duties and responsibilities, indicate your recommendation regarding this request.*

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Recommend Approval?  Yes    No

Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Recommend Approval?  Yes    No

**Section VII – Vice President’s Decision.**

Vice President Signature: \_\_\_\_\_ Date: \_\_\_\_\_  Approved    Not Approved

**Routing:** *Vice President returns to Department Head. If approved for Purpose 1 above, Department Head sends original with appointment form through channels. If approved for Purpose 2 above, Department Head sends original to Human Resources for filing.*