|  |  |  |
| --- | --- | --- |
| Initial Request (Staff) | Annual (Faculty and Graduate Student Employees) | Change |

**Texas State Employment**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Texas State ID: | | |  | Name: |  | | |
| Job Title: |  | | | | | | |
| Department: | |  | | | | Division: |  |

**Other Employment, Activity, or Public Office:** (check only one)

Employment (paid)

Is this public employment?  yes  no (Federal, State of Texas, or local government entity including

school districts and community colleges)

If yes, are you enrolled in insurance or retirement plans?  yes  no

Activity (not paid)

Public Office (Elected or appointed to serve for a federal, state or local government entity including school districts, cities and towns. You must forego any compensation.)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company/Organization: | | | |  | | | | | | | | |
| Mailing Address: | |  | | | | | | | | | | |
| City | | |  | | State | |  | | Zip |  |
| Supervisor/Contact Name: | | | | |  | | | | Phone or Email: | |  | |
| Job/Position Title: | | |  | | | | | | | | | |
| Begin Date: |  | | | | | | | End Date: | |  | | |
| Normal Work Schedule: | | | |  | | | | | | | (days/hours per week) | |
| Other Work Schedule (explain) | | | | | |  | | | | | | |
| General Duties and Responsibilities: | | | | | | | | | | | | |

*I hereby certify that my outside employment or activity does not constitute a conflict of interest with my Texas State University duties and responsibilities. I understand and agree that Texas State University may require me to end my outside employment or activity if it is determined to be a conflict of interest.*

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Signature: |  | Date: |  |

After review of the facts presented, I recommend approval:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Department Head: | | |  | Date: |  | Yes  No |
| Chair: |  | | | Date: |  | Yes  No |
| Dean: |  | | | Date: |  | Yes  No |
| Vice President: | |  | | Date: |  | Approved  Not Approved |