|  |  |  |
| --- | --- | --- |
| [ ]  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  |