W&M External and Outside Employment Approval Form

External and outside paid employment are those activities entirely outside of William & Mary. In external and outside paid employment, the contracting organization pays the individual directly. The External Paid Employment Policy can be found on the Provost's web page. Additional **quidance** is available on the OSP website. This form should be completed by any member of the Executive/Professional Faculty or Instructional Faculty who is planning to accept employment from an organization outside William & Mary who will be paid directly by the entity. Please check which category best describes the requested activity: External employment is defined as any professional activity that is undertaken with payment from another organization by faculty, administrative, and professional staff members with full-time employment. Outside paid employment is work that is not closely associated with your duties or professional expertise at W&M and is generally discouraged. A. Name: Banner ID (on W&M ID Card) **B.** Department/School/Center/Program: **C.** W&M Appointment Type: 9-month contract 12-month contract Other W&M contract Describe: **D**. Activity dates (including preparation and travel time): Start Date (mm/dd/yyyy) End Date (mm/dd/yyyy) Number of days/hours required to complete activity (1 day = 8 hours) **E.** Total number of days/hours previously approved this period: (9-month contract period - 8/10/20xx to 5/9/20xx; 12-month contract period - 7/1/20xx to 6/30/20xx) **F1.** External organization or individual requesting your services (name & location): **a.** Has the entity engaged in sponsored projects with William & Mary or is it likely to in the near future? ☐ No If yes, were you involved? Yes **b.** Do you or a family member have an ownership interest in this entity? ☐ Yes ☐ No **C.** To your knowledge, does any other William & Mary employee have an ownership interest in this entify? ☐ Yes ☐ No **d.** If yes, provide employee-owner's name: **F2.** Provide some detail about the external or outside activity: F3. Will university facilities, personnel, and resources (e.g. classrooms, secretarial assistance, postage, fax machines, copy machines, long distance telephone charges, laboratories, computer center resources be requested or utilized? While a staff member's private office and W&M's libraries may be used after hours or during regular hours if it does not interfere with a staff member's duties, all other uses of W&M facilities and resources are not allowed unless approved in writing by the Provost or their designee. Such approval may be contingent on payment to W&M of some or all costs related to the use of its facilities and resources. ○ No

If yes, provide details of requested use:	
F4. Could this activity result in the development of intellectual p Will you be required to assign any intellectual property rights to t external entity? If yes, explain: Yes No	
F5 . William & Mary's name, in general, may not be used or implie name being used in the <u>external</u> activity? Yes N	
If yes, how will W&M's name be used and why is it necessary:	
F6. Will undergraduate or graduate students be involved in the a	ctivity?
If yes, describe the student activity in detail (especially describe student academic involvement).	
	oes this activity raise any concern in relation to the policy? If yes, Resolution form. The policy and form can be found on W&M's No
H. Will there be an impact on your regular duties? For faculty, we meetings? For administrative and professional staff, will performation of Yes	ill this activity impact any regular classes, office hours, or committee ance of assigned duties need to be adjusted in any way? No
If yes, describe impact and indicate how missed obligations will be covered and/or how assigned duties will be adjusted:	

·	FORM AND OBTAIN SIGNATURES)
Signature	Date
. APPROVALS -Reviewed and Approved By:	
Department Chair/Center Director (sign and print name)	Date
Dean or Administrative Supervisor (sign and print name)	Date
/ice Provost for Research and Graduate Professional Studies (sign and print name)	Date
Additional Space	

PLEASE PRINT FORM AND OBTAIN SIGNATURES