Name_________________________________ Department _____________________________

Date of Outside Employment:   Beginning ________________ Ending ________________
(No later than end of fiscal year)

Nature of Outside Employment (if Outside Employment involves another State agency, name the agency):
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

During this period, how many hours in the average month will you be involved in this outside employment? ____________

When and where will this work typically be done? __________________________________________

(IF NECESSARY, ATTACH ADDITIONAL SHEETS DESCRIBING OTHER OUTSIDE EMPLOYMENT.)

Will LIT resources be used?       Yes ☐ No ☐ (If Yes, please explain.) __________________________

I certify that the outside employment described in this request is in full compliance with the guidelines outlined in Chapter V of Rules and Regulations for The Texas State University System.

_________________________________________                        ____________
Signature of Employee Making Request                        Date

<table>
<thead>
<tr>
<th>Approver</th>
<th>Signature</th>
<th>Date Signed</th>
<th>Approval Recommended</th>
<th>Disapproval Recommended</th>
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<tr>
<td>Supervisor</td>
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<td>Department Chair or Director (if staff)</td>
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<td>Dean of Instruction (if faculty)</td>
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<td>VP or President</td>
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Revised 5/16/2023