LAMAR INSTITUTE OF TECHNOLOGY
STAFF REQUEST
FOR APPROVAL OF OUTSIDE EMPLOYMENT/
DUAL STATE EMPLOYMENT

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 University 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 ____________________

Supervisor ____________________________________  Date ________________  Approval Recommended
Comment:

Disapproval Recommended

Department Head ________________________________  Date ________________  Approval Recommended
Comment:

Disapproval Recommended

Vice President ________________________________  Date ________________  Approval Recommended
Comment:

Disapproval Recommended