APPLICATION FOR PERMISSION TO ENGAGE IN OUTSIDE EMPLOYMENT

Alcorn employees desiring to engage in outside employment or practice of profession must complete this form and forward it through the appropriate channels to the President for approval. APPROVAL IS REQUIRED ANNUALLY.

The Board of Trustees of State Institutions of Higher Learning has established that "Institutional members of the faculty and staff are permitted to engage in outside employment, provided permission is first obtained from the executive officer of the institution concerned, and provided further, that the executive officer of the institution concerned shall grant permission to engage in outside employment only after having first determined that said outside employment will interfere in no way with the institutional duties of the individual requesting such permission. In addition, such individual will not engage in a business or profession that would in any manner compete with a similar business or profession over which he/she would have direct supervision, inspection, or purchasing authority within the university or agency, such being a “Conflict of Interest.” In particular, this directive is understood to cover (1) connection with any business enterprise as consultant, owner, partner, officer, director, or agent; or (2) connection with any public office either by election, appointment, or employment.

In accordance with regulations established by the Board of Trustees of State Institutions of Higher Learning, I hereby request permission to engage in outside employment or practice of profession at Alcorn State University.

NAME ___________________________ DEPARTMENT ___________________________
(Or Grant Name)
TITLE ___________________________ IMMEDIATE SUPERVISOR ___________________________
Employment Activity is [ ] Inside Alcorn State University [ ] Outside Alcorn State University

Explain nature of Employment Activity: __________________________________________________________

Name and address of organization for which work will be done (be specific): __________________________________________________________

Does the organization referenced above have a relationship with Alcorn State University [ ] YES [ ] NO

If yes, explain: __________________________________________________________

Amount of time devoted to employment activity (explain): __________________________________________________________

Will this employment activity: (check one)

Yes [ ] No [ ]
[ ] Involve the use of Alcorn facilities and/or equipment?
[ ] Utilize Alcorn support personnel?
[ ] Interfere with normal Alcorn duties?
[ ] Utilize Alcorn supplies and commodities?

If yes to any of the above, please explain: __________________________________________________________

If additional space is required, please attach a separate sheet and indicate attachment by checking box: ________________

I understand that I must take Personal Leave for any time I spend on outside employment during regular work hours. I also understand that permission to engage in outside employment can be denied or canceled if the outside employment unduly interferes with my work or that of Alcorn State University.

_________________________________________ ___________________________ 
Signature of Employee Date

APPROVALS:

(1) ___________________________ ___________________________ 
Supervisor or Director of Unit Vice President of Unit

(2) ___________________________ ___________________________ 
Director of Sponsored Programs (If Employee is paid from Externally Funded Project) President

(3) ___________________________ ___________________________ 
Human Resources Director 

Permission to Engage in Outside Employment (05/14) AA/EQE/ADAI