

Alcorn State University

APPLICATION FOR PERMISSION TO ENGAGE IN OUTSIDE EMPLOYMENT / AFFIRMATION OF NON-CONFLICT OF INTEREST

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. I further affirm that the requested outside employment or practice of profession, if approved, will not constitute a conflict of interest with or detract from my responsibilities to the 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

Check Yes or No

If yes, explain: _____

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

Will this employment activity: (Check one)

Yes

No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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 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

(2) _____
Vice President of Unit

(3) _____
Director of Sponsored Programs
(If Employee is paid from Externally Funded Project)

(4) _____
President

(5) _____
Assistant Vice President for Human Resources