



**UNIVERSITY SYSTEM OF GEORGIA**  
**REVIEW FORM FOR USO EMPLOYEES**  
**COMPENSATED OUTSIDE ACTIVITIES**

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**Purpose:** This form should be completed by University System Office (USO) employees seeking approval to engage in compensated outside activities that relate to their expertise or responsibilities as a University System of Georgia (USG) employee. Such activities include consulting, teaching, speaking, and participating in business, professional, or service enterprises. Completed forms should be forwarded through your supervisor to the USG Office of Ethics and Compliance for approval.

USG Office of Ethics & Compliance  
[usg-compliance@usg.edu](mailto:usg-compliance@usg.edu)  
(404) 962-3034

**Policy Requirement:** In accordance with [BOR 8.2.18.2 Conflicts of Interest, Conflicts of Commitment, and Outside Activities](#), each USO employee with a work commitment of 30 or more hours per week must obtain written approval in advance from the Chancellor or designee prior to engaging in compensated outside activities that relate to the employee's expertise or responsibilities as a USG employee.

**Please provide the information requested below:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**USG Institution:** \_\_\_\_\_

**1. What is the name of the business or organization that is the subject of this request?**

\_\_\_\_\_

**2. Please provide the beginning and ending dates for this outside activity and check the appropriate box in regards to duration.**

**From:** (ex. 2/1/2020) \_\_\_\_\_ **To:** (ex. 3/1/2020) \_\_\_\_\_

- One-time activity (during provided dates)**    **Reoccurring Activity (i.e., monthly, annually, etc.)**  
 **Multiple activities (during provided dates)**    **Ongoing arrangement**

**3. Is the organization a for-profit organization?**    **Yes**    **No**

**4. To your knowledge, does the organization receive federal funding as it relates to the work you would be performing?**    **Yes**    **No**   **If yes, please explain.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Is the organization a vendor of the USG?  Yes  No

6. Do you or anyone in your line of authority supervise, participate in or approve of the purchase of products and/or services from this organization in the role of a USG employee?

Yes  No If yes, please provide details:

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7. Do you manage or regularly interact with employees of this organization in your role as a USG employee?  Yes  No If yes, please provide details:

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8. Do you, or members of your immediate family, have any ownership and/or affiliation with this organization?  Yes  No

9. Does another USG employee have ownership in or an affiliation with this organization?

Yes  No

If yes, please provide details:

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10. In the past 12 months, have you received anything of value from this organization?

Yes  No If yes, please check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Salary                 | <input type="checkbox"/> Loans                          |
| <input type="checkbox"/> Honoraria              | <input type="checkbox"/> Travel costs                   |
| <input type="checkbox"/> Consulting Fee         | <input type="checkbox"/> Gifts or other things of value |
| <input type="checkbox"/> Expense Reimbursements | <input type="checkbox"/> Royalties                      |
| <input type="checkbox"/> Hourly Wages           | <input type="checkbox"/> Other                          |

Provide additional details:

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11. What services or activities will you engage in on behalf of this organization? Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Consulting        | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Officer / Manager | <input type="checkbox"/> Instruction        |
| <input type="checkbox"/> Other             |   |

Provide details regarding any activities you will engage in on behalf of this organization:

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**12. Will you receive anything of value from this organization for this activity?**

Yes     No    If yes, please check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Salary                 | <input type="checkbox"/> Loans                          |
| <input type="checkbox"/> Honoraria              | <input type="checkbox"/> Travel costs                   |
| <input type="checkbox"/> Consulting Fee         | <input type="checkbox"/> Gifts or other things of value |
| <input type="checkbox"/> Expense Reimbursements | <input type="checkbox"/> Royalties                      |
| <input type="checkbox"/> Hourly Wages           | <input type="checkbox"/> Other                          |

**Provide additional details, to include amounts, frequency, etc. of anything of value to be received:**

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**13. Do you have any intellectual property that will be used or licensed to this organization?**

Yes     No    If yes, please provide relevant details:

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**14. Will students, interns, trainees, post-doctoral students or other USG employees participate in the activities of this organization?**     Yes     No    If yes, please provide relevant details:

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**15. Will any USG property or resources be used in the execution of your activities with this organization?**     Yes     No    If yes, please provide relevant details:

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**16. What is your estimated annual time commitment for this organization in number of days per year, including travel? (Round hours up to the nearest day; must be at least 1 day) \_\_\_\_\_**

**17. Will your efforts on behalf of this business or organization take place during your regular work hours?**     Yes     No     Partially

**If yes or partially, do you plan to take appropriate leave?**     Yes     No    **Please explain:**

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I hereby swear or affirm that the information provided below is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of submitting Employee

\_\_\_\_\_  
Date

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*To be completed by authorizing representatives:*

Review by employee's immediate supervisor:  Completed

Supervisor's Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

Review by USG Chancellor or Designee:

- Approved
- Approved with below-listed restrictions
- Disapproved

Restrictions:

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date