



REVIEW FORM FOR DIRECT REPORTS OF USG PRESIDENTS AND THOSE WITH A TITLE OF VICE PRESIDENT OR EQUIVALENT OUTSIDE ACTIVITIES APPROVAL

Purpose: This form should be completed by direct reports of USG Presidents and those with a title of Vice President or equivalent seeking approval to engage in compensated outside activities that relate to an employee’s expertise or responsibilities as a USG employee. Such activities include consulting, teaching, speaking, and participating in business, professional, or service enterprises.

Completion: Completed forms should be forwarded to the USG Office of Ethics and Compliance at the email address provided below. An electronic signature may be used. Alternatively, a hard copy may be printed, signed, and sent via email.

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

The Office of Ethics and Compliance will review proposed compensated outside activities in consultation with the USG Office of Legal Affairs and will note any concerns that should be addressed. Final approval for compensated outside activities for USG Presidents will be made by the Chancellor. Final approval for compensated outside activities for direct reports of a USG President and those with a title of Vice President or equivalent will be made by the USG President.

Policy Requirement: In accordance with BOR 8.2.18.2.3 Compensated Outside Activities of Faculty and Staff, each USG employee with a work commitment of 30 or more hours per week, and faculty members on contracts of nine months or more must obtain written approval prior to engaging in compensated outside activities that relate to the employee’s expertise or responsibilities as a USG employee. Direct reports of USG Presidents and those with a title of Vice President or equivalent must obtain approval from the USG President using procedures established by the Chancellor.

EMPLOYEE INFORMATION
Name, Title, USG Institution, Email
ORGANIZATION INFORMATION
Organization Name, Organization Type (For-Profit, Non-Profit, Government, Other), To your knowledge, does this organization accept federal funding?, Is the organization a vendor of the USG?, Point of Contact (Name, Title)
ACTIVITY INFORMATION
Location Where Services will be Performed (please provide details)

Nature of Outside Activity	Describe in detail the type of work you will be performing for the organization. (attach additional pages if needed)		
Estimated Annual Time Commitment (Round hours up to the nearest day; must be at least 1 day)	_____ Days	Please provide further details, if needed:	
Time Period	Start Date:	End Date:	
Type of Activity	<input type="checkbox"/> One-time activity (during dates) <input type="checkbox"/> Multiple activities (during dates) <input type="checkbox"/> Recurring activity (i.e., monthly, annually, etc.) <input type="checkbox"/> Ongoing Arrangement		
<b>COMPENSATION</b>			
Will you receive anything of value from this organization for this activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe:	
Will this organization cover expenses? (e.g., travel, per diem, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional details:	
Have you received anything of value from this organization within the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional details:	
<b>USG DUTIES &amp; AFFILIATIONS</b>			
Do you or anyone in your line of authority supervise, participate in or approve of the purchase of products/services from this organization in the role of a USG employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional details:	
Do you manage or regularly interact with employees of this organization in your role as a USG employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional details:	
Do you, or members of your immediate family, have any ownership and/or affiliation with this organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional details:	

Does another USG employee have ownership in or an affiliation with this organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional details:
Do you have any intellectual property that will be used or licensed to this organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional details:
Do or will students, interns, trainees, post doctoral students or other USG employees participate in the activities of this organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional details:
Is the organization related in any way to current or proposed research in which you are involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional details:
Will any USG property or resources be used in the execution of your activities with this organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Will work be performed entirely outside of your USG working hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please describe:

<b>ACKNOWLEDGEMENTS</b>
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I acknowledge that if an actual or apparent conflict of interest arises from the outside activity, I must disclose it.	Initial:	
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By signing below, I certify that the information on this form is accurate and complete.

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

<b>Below sections to be completed by authorizing representatives only.</b>
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REVIEW	CONCERNS IDENTIFIED	NOTES <i>(Optional)</i>
USG Office of Ethics & Compliance & USG Legal Affairs	<input type="checkbox"/> Yes <input type="checkbox"/> See Attached <input type="checkbox"/> No	

PRESIDENTIAL REVIEW	STATUS	NOTES ( <i>Optional</i> )
Approved.	<input type="checkbox"/>	
Approved, with restrictions.	<input type="checkbox"/>	
Denied.	<input type="checkbox"/>	

RESTRICTIONS ( <i>If applicable</i> )

\_\_\_\_\_  
 Institutional President Signature

\_\_\_\_\_  
 Date