



REVIEW FORM FOR  
**USG PRESIDENTS**  
**OUTSIDE ACTIVITIES APPROVAL**

**Purpose:** This form should be completed by University System of Georgia (USG) Presidents seeking approval to engage in outside activities that relate to their 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](mailto: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 on contracts of nine months or more must obtain written approval in advance from the institution President or designee prior to engaging in outside activities that relate to the employee's expertise or responsibilities as a USG employee. **USG Presidents must obtain approval from the Chancellor or designee.**

EMPLOYEE INFORMATION			
Name	First:		Last:
Title			
USG Institution			
Email			
ORGANIZATION INFORMATION			
Organization Name			
Organization Type	<input type="checkbox"/> For-Profit <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> Other	To your knowledge, does this organization accept federal funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
		Is the organization a vendor of the USG?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 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:	

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:
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:
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:

ACKNOWLEDGEMENTS		
I acknowledge that if an actual or apparent conflict of interest arises from the outside activity, I must disclose it.	Initial:	

By signing below, I certify that the information on this form is accurate and that I have a duty to supplement this form should any of the information change.

\_\_\_\_\_  
President Printed Name

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

\_\_\_\_\_  
Date

**Below sections to be completed by authorizing representatives only.**

REVIEW	STATUS	NOTES (Optional)
USG Office of Ethics & Compliance & USG Legal Affairs	<input type="checkbox"/>	

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

RESTRICTIONS *(If applicable)*

Empty rectangular box for restrictions.

\_\_\_\_\_  
USG Chancellor Signature

\_\_\_\_\_  
Date