

Faculty Member's Name: _____ OSU ID: _____

Outside Entity: _____
(if self-employed, please indicate)

Nature of the relationship with the outside entity (e.g. employer/employee; contractor, consultant): _____

How will you be compensated for your activities? No compensation Equity ownership Salary / wages / lump sum
 Other, please specify: _____Beginning and end date for activity (not to exceed one year): From _____ to _____
MMDDYYYY MMDDYYYY

Anticipated time commitment (total time for an activity or hours per week for continuing activity): _____

Location of activity: _____

Description of activity: _____

Expected benefits to the entity, faculty member, and institution from the outside employment activity: _____

Note: Use of University facilities and staff is normally prohibited in connection with outside activities. If you propose to use any such University property or staff, please describe (including the proposed reimbursement method for any direct/indirect costs resulting from the use of institutional facilities and/or support personnel in an outside employment activity):

Does this proposed activity include the signing of an agreement concerning rights to inventions or materials? Yes No

If yes, attach a copy of the proposed agreement for review and approval by Office of Commercialization and Corporate Development.

Date: _____ Approved: _____
Director of Commercialization and Corporate Development

I have reviewed and agree to comply with the [University's Conflict of Commitment Policy](#). In addition, I have discussed all potential conflicts of commitment or interest with my department head/chair/director, and we find that there are none.

Faculty Member's Name (print or type) _____ Phone _____

Faculty Member's Department _____ Faculty Member's College/Unit _____

Faculty Member's Signature _____ Date _____

Faculty member: Attach copies of any currently approved outside activities/overload compensation forms before submitting to your department chair/head/director for approval. If you take on additional professional outside activities during the year, you must submit additional form(s).

Approval

I have reviewed the above request and certify that the proposed professional outside activities is in accordance with the University policy.

Approval by the following administrators is required.

Date: _____ Approved: _____
Department Chair/ Head/ DirectorDate: _____ Approved: _____
Dean/ Vice Provost/ Vice PresidentDate: _____ Approved: _____
University Human Resources