**UNIVERSITY OF BALTIMORE**

 **OUTSIDE ACTIVITIES FORM**

**Summer 2020 through Spring Semester 2021**

LAST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL/COLLEGE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RANK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In order to avoid competing commitments, the University of Baltimore *Outside Activities/Employment Guidelines* require that regular full-time faculty members on 9.5- and 12-month appointments complete an annual Outside Activities Form in the spring semester to cover the forthcoming summer and next academic year. “Outside activities” refer to those activities—paid and unpaid--that are not part of one’s regular UB faculty workload.

On the annual Outside Activities Form, faculty members are required to identify:

1. External professional consulting (paid and unpaid)
2. External professional services (paid and unpaid)
3. All overload contracts within the University
4. Any teaching done outside of the University of Baltimore (Must be listed here and approved prior to the start of the outside teaching activities.

Please consult the University of Baltimore *Outside Activities/Employment Guidelines* (found at <http://www.ubalt.edu/about-ub/offices-and-services/provost/faculty-affairs/index.cfm>) when completing this form.

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| **IF YOU HAVE NOTHING TO REPORT FOR ITEMS 1 THROUGH 4 ABOVE**, please check the box below and **proceed to PART B**. (Otherwise, proceed through each section of Part A below). **□ I HAVE NOTHING TO REPORT FOR ITEMS 1-4 ABOVE** |

**PART A: Please complete each section below. Leave section blank if nothing to report.**

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| **EXTERNAL PROFESSIONAL CONSULTING:** To avoid potential conflicts of interest, please indicate the nature of consulting (e.g., company or organizations for whom consulting will be performed:1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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 (List more on a separate sheet if necessary) |

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| **EXTERNAL PROFESSIONAL SERVICES:** Please indicate the nature of professional services (e.g., company or organization to which services will be provided). 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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 (List more on a separate sheet if necessary) |

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| **OVERLOAD CONTRACTS AT UB:** Please identify all anticipated overload contracts, including the reason for the overload (e.g., teaching (maximum of one course per semester), work on sponsored research projects, administrative work not included in regular faculty workload, other work for pay at UB beyond faculty salary).1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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(List more on a separate sheet if necessary) |

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| **TEACHING OUTSIDE OF UB:** Please describe any teaching at another institution—paid or unpaid—including the nature of the teaching assignment and for whom the teaching is being done.1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**NOTE**: A formal request (<http://www.ubalt.edu/about-ub/offices-and-services/provost/faculty-affairs/index.cfm>) must be made through your Department Chair, Executive Director, and/or Dean for teaching outside of UB. The request must be reviewed by the department and Dean and approved by the Provost ***prior*** the start of outside teaching activities.  |

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| **FACULTY WORKLOAD:** Indicate the expected number of courses and the nature of other assignments that will comprise your workload for the next academic year. Include here number of courses to be taught, administrative assignments and other substantial activities that will comprise your faculty workload. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **AVERAGE HOURS DEDICATED TO OUTSIDE ACTIVITIES:** Please indicate the average hours per week to be spent on outside activities during contract term. **AVERAGE HOURS PER WEEK ON OUTSIDE ACTIVITIES: \_\_\_\_\_\_**NOTE: Outside employment may not exceed an average of eight (8) hours per week *during the faculty member’s regular contract term.*  |

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| **PART B:****SUMMER EMPLOYMENT:** Please indicate the any summer teaching *outside* UB (must also be submitted through outside teaching approval process). Other professional outside activities must be reported as well, but the 8-hours-per-week time limitation does not apply during the summer when a 9.5-month faculty member is off contract. 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **DECLARATION:** I declare that the above information is an accurate statement for the academic year indicated above. Should my status change during the year, I will amend this declaration/request.SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty Member |

**PLEASE NOTE**: A revised Outside Activities Form must be forwarded to the Office of the Provost if you wish to engage in a paid outside activity that is not included on the current OA request form. Approval is required prior to the start of a paid activity.

**RECOMMENDATION AND APPROVAL SIGNATURES** – Signifies that the activities as presented are within the UB guidelines and are not expected to conflict with the faculty member’s professional commitments to the school/college.

CHAIR RECOMMENDATION YES \_\_\_\_\_ NO \_\_\_\_\_ SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEAN RECOMMENDATION YES \_\_\_\_\_ NO \_\_\_\_\_ SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROVOST APPROVAL YES \_\_\_\_\_ NO \_\_\_\_\_ SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_