**UNIVERSITY OF BALTIMORE**

**OUTSIDE ACTIVITIES FORM**

Summer 2014-Spring 2015

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

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

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

For purposes of completing this form, “outside activities” refer to those activities that are not part of your regular UB faculty workload.

Check here \_\_\_\_\_\_ if you are ***not*** requesting approval to engage in outside activities during the next year. The remainder of the form does not need to be completed, but does need to be signed by you, the chairperson, and thedean and submitted to the Office of the Provost.

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.

Indicate the expected number of courses and the nature of other assignments that will comprise your workload for the academic year.

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NATURE OF INTENDED OUTSIDE ACTIVITY All paid and unpaid activities (internal and external) are to be included. See the Guidelines for Outside Activities. If additional space is necessary you may list activities on a second sheet as an addendum.

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AVERAGE HRS. PER WEEK TO BE SPENT ON OUTSIDE EMPLOYMENT DURING THE CONTRACT TERM \_\_\_\_\_\_\_\_

Outside employment may not exceed an average of eight (8) hours per week *during the faculty member’s regular contract term*.

SUMMER EMPLOYMENT - Summer employment must be reported, but the 8-hours-per-week time limitation does not apply during the summer when a 9.5-month faculty member is off contract.

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

APPROVAL SIGNATURES

CHAIRPERSON YES \_\_\_\_\_ NO \_\_\_\_\_ SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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