

**Disclosure of Outside Employment or Activity
Per OP 06.09 and OP 2.40**

Initial Annual Change Additional Disclosure # _____

Midwestern State University (MSU) Employment:

Name: _____ MSU ID: _____

Job Title: _____

Department: _____ MSU Employment Start Date: _____

Other Employment, Activity, or Public Office (check only one; complete/attach additional forms as necessary):

Employment (paid): any compensated employment, consulting, or service (e.g., board service) performed by the employee outside of her/his employment relationship with MSU for the direct benefit of the employee or the organization served.

Is this public employment? ___ Yes ___ No (federal, State of Texas, or local government entity including school districts and community colleges)

If yes, are you enrolled in insurance or retirement plans? ___ Yes ___ No

Substantial Interest in a Business Entity

Activity (not paid): any uncompensated activity, consulting, or service (e.g., board service) performed by the employee outside of her/his employment relationship with MSU for the direct or indirect benefit of the employee or the organization served.

Public Office (if elected or appointed to serve for a federal, state, or local government entity including school districts, cities and towns, you must forego any compensation)

I do not hold any outside employment, activity, public office, or substantial interest in a business entity.

Company/Organization: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Supervisor/Contact Name: _____ Phone or E-mail: (____) _____

Job/Position Title: _____

Begin Date: _____ End Date: _____

Normal Work Schedule: _____ (average days/hours per week)

Other Work Schedule (explain): _____

General Duties and Responsibilities: _____

Gift(s) Received (including dollar value): _____

Is employee completing additional disclosure form(s) for outside employment and activity? ___ Yes ___ No

If yes, what is the average number of hours per work week of all outside employment and activity? _____

I hereby certify that I have disclosed all existing outside employment or activity in accordance with MSU Policy 3.325: Conflict of Interest, Conflict of Commitment, and Outside Employment and Activities and MSU Policy 3.314: Ethics Policy for Employees of MSU, and I further certify that my outside employment or activity does not constitute a conflict of interest or commitment with my MSU duties and responsibilities and is consistent with all applicable MSU policies and procedures. I acknowledge that I have a continuing obligation to complete and submit updated forms if changes arise that may either give rise to an additional or potential conflicts of interest or commitment, or eliminate a conflict previously disclosed. I understand and agree that MSU may require me to end my outside employment or activity if it is determined to be a conflict of interest or conflict of commitment that interferes or conflicts with my MSU duties and responsibilities (see page 2 of this form).

Employee Signature: _____ Date: _____

**Request for Approval of Outside Employment or Activity
Per OP 06.09 and OP 2.40**

Approval is required per MSU Policies 3.314 and 3.325 if any outside employment or activity by an MSU employee (full-time employees and part-time professional and administrative staff, but not part-time faculty) reasonably appears to create a conflict of interest or conflict of commitment, or combines to total an average of 20 hours or more per work week.

In addition, management plans for such MSU employees must be developed in accordance with MSU Policy 3.314 for outside employment and activities that may create a conflict of interest or conflict of commitment or combine to total an average of 20 hours or more per work week; management plans involving faculty and professional and administrative staff must be in place *before* the outside employment or activity begins. A management plan is a written agreement that may impose conditions and prescribe actions necessary, including reduction or elimination, to manage conflicts of interest, conflicts of commitment, or outside employment or activities.

After review of the facts presented, I recommend approval:

Department Head: _____ Date: _____ Yes No

Chair: _____ Date: _____ Yes No

Dean: _____ Date: _____ Yes No

Vice President: _____ Date: _____ Approved Not
Approved

President: _____ Date: _____ Approved Not
Approved

Board of Regents: _____ Date: _____ Approved Not
Approved

Routing: A copy of the completed form should be returned to the Department Head to notify the employee of the decision. The original must be sent to Human Resources (210 Hardin Administration Building), e-mail dawn.fisher@msutexas.edu , or fax (940) 397-4780.