

## Middle Tennessee State University

### Individual Report on Outside Professional Employment or Continuing Business Activity

Name:		Date:
College/Department:		Rank:
Nature of Outside Professional Employment or Continuing Business Activity *		
Expected Total Time Commitment Devoted to the Employment or Activity		
When Work is to be Performed (Day(s) of week, time of day, hours per day, etc.)		
Will university property and facilities, e.g., offices, equipment, telephones, computers, etc. be used in this outside employment or activity? Yes _____ No _____		
<b>* If the activity is teaching, either onsite or online, provide the course description(s), indicate for whom it is being provided, and provide an explanation for why engaging in this activity would not interfere, conflict or compete with your duties and responsibilities to MTSU.</b>		

<b>Department Chairperson/Administrative Head</b>	
_____ Recommend approval	_____ Do not recommend approval
Basis for decision: _____	
_____	_____
Dept. Chairperson/Administrative Head	Date
<b>Dean</b>	
_____ Recommend approval	_____ Do not recommend approval
Basis for decision: _____	
_____	_____
Dean	Date
<b>Provost/Vice President</b>	
_____ Recommend approval	_____ Do not recommend approval
Basis for decision: _____	
_____	_____
Provost/Vice President	Date