

## **Outside Employment Authorization Request**

The policies of Hood College, outlined in Section E, IV. of the *Faculty Handbook*, require that faculty engaged in "regular paid employment outside the College" or "frequent consulting during the academic year" receive explicit authorization for these activities from the Provost and Vice President of Academic Affairs:

Regular paid employment outside the College and regular and frequent consulting during the academic year may be accepted only by special agreement with the Provost and Vice President of Academic Affairs. This agreement should be reached prior to the beginning of the fall term and renewed annually. A request to modify the agreement may be submitted to the Provost during the year when circumstances merit reconsideration. Such professional employment is approved and encouraged provided that it does not conflict or interfere with the faculty member's assignments and responsibilities to the College.

Included under these provisions are part-time academic appointments at other educational institutions, consulting relationships with government or industry, self-employment, any form of employment in family-owned businesses, and other regular or periodic work for which a faculty member receives any form of compensatory benefits. The Provost has usually approved such commitments where they are related to the professional responsibilities of the faculty member and where they do not encumber more than 20% of the faculty member's time or compromise service to Hood.

To provide appropriate guidance and to ensure compliance with this important condition of Hood College employment, the College asks that faculty members complete the remaining portion of this form, if needed, and return it to the Provost's Office by **August 15**. After approving requests to undertake any form of outside employment that yields any form of compensatory benefits, the signed form will be returned to you, and a copy retained in the Provost's files.

Name:	Date:	
Department:		_
I request authorization to engage in the following form		
Employers Name:	<del></del>	
Nature of activity:		<del></del>
Anticipated dates of employment:		
Approximate hours per week:		
Is employment continuous? Yes No. If not, ple	ease note its frequency:	<del></del>
Briefly describe the relation between your proposed ou interests:  Department Chair Signature:	utside employment and your teaching responsibiliti	es or scholarly
Dopartmont Grain Gigitataro.		
Signature	Date	
Dean of School Signature (if applicable):		
Signature	Date	
Approved by the Provost and Vice President of Aca	ademic Affairs:	
Signature	 	