



UWG EMPLOYEES OUTSIDE ACTIVITIES DISCLOSURE FORM

Purpose: This form should be completed by University of West Georgia (UWG) employees seeking approval to engage in outside activities that relate to their expertise or responsibilities as University of West Georgia (UWG) employees. Such activities could be compensated or non-compensated and include consulting, teaching, speaking, participating in business, professional, or service enterprises, etc.

Submission Instructions: Completed forms should be forwarded through your supervisor to the Office of Legal Affairs (legal@westga.edu) for review. Electronic signatures are acceptable. Alternatively, a hard copy may be printed, signed, and sent via email.

The Office of Legal Affairs will review proposed outside activities and will note any concerns that should be addressed.

Direct reports of the UWG President and those with a title of Vice President or equivalent seeking to participate in compensated outside activities must forward their request through the President's Office to the University System of Georgia (USG) Office of Ethics and Compliance using the applicable USG form. Forms are available via the USG HR Administrative Practice (HRAP) Manual [04.02 Conflicts of Interest, Conflicts of Commitment and Outside Activities](#).

Policy Requirement: In accordance with UWG [Conflicts of Commitment and Interest](#) and the [BOR Policy Manual 08.02.18.02 Conflicts of Interest, Conflicts of Commitment, and Outside Activities](#), all UWG employees with a work commitment of 30 or more hours per week, and faculty members on contracts of nine months or longer must obtain written approval in advance before engaging in outside activities that relate to the employee's expertise or responsibilities as a UWG employee.

EMPLOYEE INFORMATION			
Name	First:		Last:
Title			
UWG Department			
Email			
ORGANIZATION INFORMATION			
Organization Name			
Organization Type	<input type="checkbox"/> For-Profit <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> Other	To your knowledge, does this organization accept federal funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
		Is the organization a vendor of UWG?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Point of Contact	Name:		Email:
	Title:		Phone:

ACTIVITY INFORMATION

<p>Address Where Services will be Performed <i>(please provide details)</i></p>			
<p>Nature of Outside Activity</p>	<p>Describe in detail the type of work you will be performing for the organization. <i>(attach additional pages if needed)</i></p>		
<p>Estimated Annual Time Commitment <i>(Round hours up to the nearest day; must be at least 1 day)</i></p>	<p>_____ Days</p>	<p>Please provide further details, if needed:</p>	
<p>Time Period</p>	<p>Start Date:</p>		<p>End Date:</p>
<p>Type of Activity</p>	<p><input type="checkbox"/> One-time activity (during dates) <input type="checkbox"/> Multiple activities (during dates) <input type="checkbox"/> Recurring activity (i.e., monthly, annually, etc.) <input type="checkbox"/> Ongoing Arrangement</p>		

COMPENSATION

<p>Will you receive anything of value from this organization for this activity?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please describe:</p>
<p>Will this organization cover expenses? <i>(e.g., travel, per diem, etc.)</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, provide additional details:</p>
<p>Have you received anything of value from this organization within the last year?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, provide additional details:</p>

UWG DUTIES & AFFILIATIONS		
Do you or anyone in your line of authority supervise, participate in, or approve of the purchase of products/services from this organization in the role of a UWG employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide additional details:
Do you manage or regularly interact with employees of this organization in your role as a UWG employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide additional details:
Do you, or members of your immediate family, have any ownership and/or affiliation with this organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide additional details:
Does another UWG employee have ownership in or an affiliation with this organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide additional details:
Do you have any intellectual property that will be used or licensed to this organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide additional details:
Do or will students, interns, trainees, post-doctoral students, or other UWG employees participate in the activities of this organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, provide additional details:
Will work be performed entirely outside of your UWG working hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please describe:

ACKNOWLEDGEMENTS		
I acknowledge that if an actual or apparent conflict of interest arises from the outside activity, I must disclose it.	Initial:	
I acknowledge that appropriate leave must be used for outside activities during work hours.	Initial:	

By signing below, I certify that the information on this form is accurate and complete.

Employee Printed Name

Employee Signature

Date

Supervisor Printed Name

Supervisor Signature

Date

Below sections to be completed by the authorizing representative only.

REVIEW	STATUS	NOTES (Optional)
Approved.		
Approved, with restrictions.		
Denied.		

RESTRICTIONS (If applicable)

Large empty rectangular area for entering restrictions.

UWG Ethics Officer

Date