

**REQUEST FOR APPROVAL
OF EXTERNAL PROFESSIONAL COMMITMENT OR OUTSIDE EMPLOYMENT**

Instructions: This form is to be used by all University of Arizona (UA) employees to obtain approval prior to entering into any external professional commitments or outside employment as required in University's policy on "Conflict of Commitment" (see <http://policy.arizona.edu/research/conflict-commitment-policy>).

**The form should be submitted for
approval at least four (4) weeks prior
to making the commitment**

Employee Name: _____	Department _____
Title or Rank: _____	UA E-mail Address: _____
Entity to which the proposed commitment for external professional activity or outside employment would be made:	
Name _____	
Address _____	
City _____	State _____ Zip Code _____
Country _____	
Website _____	

Proposed commitment for external professional activity or outside employment:
Role _____
Title _____
Activity _____
Location _____
Purpose:
Description:

Dates between which the activity would be performed (<i>approval not to exceed one year except in special circumstances requiring a longer commitment</i>):	Amount of time and schedule for performance of the activity:
Start Date: _____	Amount of Time: _____
End Date: _____	Schedule: _____

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Is there a relationship between your institutional responsibilities and the entity to which you proposed to make an external commitment?

No

Yes

If yes, please explain the relationship:

In performing this external professional commitment, will any UA facilities or resources (*including space, personnel, equipment, etc.*) be used?

No

Yes

If yes, please indicate how (*please include type of use and purpose*):

Will any UA graduate students, undergraduate students, postdoctoral scholars or other UA trainees be involved in the proposed activities?

No

Yes

If yes, please list the individuals by name and indicate how they will be involved:

How will your responsibilities be covered in your absence?

Will you appear in legal proceedings or public hearings as a result of the proposed activity?

No

Yes

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I have read The University of Arizona Policy on Conflict of Commitment, the University Handbook for Appointed Personnel, and any Departmental policies that may apply. I attest that this activity conforms to all University policies. I attest that this activity conforms to all ABOR and University policies, including intellectual property policies. I will not grant, license or assign intellectual property rights to any person or entity in any manner that conflicts with my obligations, or ABOR claims of ownership, under ABOR Policy 6-908. I will update my financial conflict of interest disclosure form in accordance with The University of Arizona [Individual Conflict of Interest in Research Policy](#).

Signature: _____ Date: _____

Department or Unit Head:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Name <i>(please type)</i>	Date:	
_____	_____	
Signature: _____		

Supervisor, Dean, Vice President, Provost or President <i>(as appropriate)</i>: <input type="checkbox"/> Approved	
<input type="checkbox"/> Not Approved	Name <i>(please type)</i>
_____	_____
Date:	Signature:
_____	_____

Please note the following:
Your office will be the official Office of Record for this document, which must be maintained in accord with the UA's policies on personnel record retention. See UA's Records Management and Archives Division (<http://rmaa.arizona.edu/>).

A copy of the fully-executed approval form should be forwarded to the Conflict of Interest Office via e-mail (coi@email.arizona.edu) as a scanned PDF document.

**If you do not have access to a scanner, please send the form via campus mail to:
Conflict of Interest Office
Attn: Program Coordinator Sr.
PO Box 210409**

**For questions or concerns regarding this form, please contact the Conflict of Interest Office at
520-626-7879**