



MEMORANDUM

May 11, 2009

TO: Staff Employees

FROM: Sherell Hendrickson, Associate Vice President
Human Resources

SUBJECT: Report of Outside Activity

Pursuant to university policy, all employees must report outside activity that is compensated or uncompensated that may be perceived as a conflict of interest with their university duties and responsibilities. Such activities should be reported on a fiscal year basis, July 1 through June 30.

Conflict of interest is defined as any conflict between the private interests of the employee and the interests of the university, the UWF Board of Trustees, or applicable State of Florida laws. Employees are responsible for resolving such conflicts of interest by working in conjunction with their supervisors.

Prior to engaging in any outside activity that may create a conflict of interest; employees must report the anticipated activity on a Report of Outside Activity form. This form is available under the Human Resources internal web page under [Forms](#). The policy, [HR-15.00-2004/2007](#), may also be found on our web page under HR Information; Rules, Policies and Procedures.

Should you need any additional information or clarification on this issue, please contact me or Sharon Jones at extension 2611.

SH/sj

**THE UNIVERSITY OF WEST FLORIDA
REPORT OF OUTSIDE ACTIVITY
UNIVERSITY WORK FORCE AND USPS EMPLOYEES**

The following outside activities must be reported prior to engaging in the outside activity:

- a) All compensated outside activity which occurs during a period in which an employee is under contract with The University of West Florida, regardless of the duration of the outside activity or the level of compensation, that may create CONFLICT OF INTEREST.
- b) All uncompensated outside activity which you believe may create a CONFLICT OF INTEREST.

TO BE FILLED OUT BY THE EMPLOYEE

I, _____, plan to engage in the outside activities noted below. (Describe nature and extent of activity.)

OUTSIDE EMPLOYER (Or other recipient of service, if uncompensated):

FUNDING ENTITY (Specify if different from outside employer)

INCLUSIVE DATES: FROM: _____ TO: _____ Location where activity is to be performed: _____

I *will* () *will not* () receive compensation for this activity. It is my belief that this outside activity will not interfere with the performance of my duties at The University of West Florida, nor will it create a conflict of interest with my position at UWF.

My normal duties at The University of West Florida will be accomplished during this period through the following arrangement: (Specify outside normal work hours, annual leave to be used.)

- () I will not be using any University Resources in conjunction with my outside activity.
- () I am requesting use of University Resources in conjunction with my outside activity and have completed and attached a *Request for Approval of Use of University Resources Form*.

Employee Signature _____
Date

DETERMINATION OF CONFLICT OF INTEREST (To be completed by the appropriate Department Head)

- () No conflict of interest is evident in the proposed outside activity
- () The proposed outside activity is deemed to constitute a conflict of interest and permission to engage in such activity is not granted.

Department Head Signature _____
Date

ACKNOWLEDGEMENTS:

Dean/Division Head _____
Date

Vice President _____
Date

REVIEWED:

Office of Human Resources _____
Date

Distribution Original to: Human Resources
Copy to: Employee

REQUEST FOR APPROVAL OF USE OF UNIVERSITY RESOURCES IN CONJUNCTION WITH OUTSIDE ACTIVITY

(Whether compensated or not)

If requesting use of university resources in conjunction with Outside Activity, you must complete this form.

This Portion to Be Completed By Employee

Employee Name: _____

Date of Outside Activity: From: _____ To: _____

Outside Activity Employer: _____

I hereby request permission to use the university resources listed below in the conduct of the aforementioned outside activity:

Facilities (list) _____

Equipment (list) _____

Services (list) _____

Employee Signature Date

This portion to be completed by Department Head

I recommend request for university resources be () Approved () Disapproved

Department Head Signature Date

This portion to be completed by Vice President for University Affairs

The use of university resources is () Approved () Disapproved

If approved, indicate charges, if any, for use of university resources.

RESOURCES	CHARGE
_____	_____
_____	_____
_____	_____

Vice President University Affairs Date