



**PROFESSIONAL/ADMINISTRATIVE STAFF  
OUTSIDE CONSULTING and/or EMPLOYMENT  
(Including DEANS and CHAIRPERSONS)**

The **YSU/YSU-APAS Agreement** (Article 16.5) and the **University Policies of the Board of Trustees** (Numbers 3356-7-34 Outside Consulting Services – Exempt Professional/Administrative Staff, Including Deans and Chairs, 3356-7-01 Conflicts of Interest) provide that **Professional/Administrative Staff (including Deans and Chairpersons)** may engage in outside employment and consulting as long as such employment does not interfere with a staff member's University duties and does not constitute a conflict of interest with the individual's position at the University. This form is used to report engagement in outside employment and/or consulting. *As a reminder to employees engaged in outside employment and/or consulting, if you are making contributions to a retirement plan outside of the University, IRS annual limits for contributions apply. It is your responsibility to ensure that you do not exceed the annual contribution limits.*

**STAFF MEMBER:** Please review University policies 3356-7-34 and 3356-7-01 before completing. Then complete the following information, check "A" or "B", describe if required, sign, and **forward for signatures**.

NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

TITLE: \_\_\_\_\_

THIS REPORT IS FOR FISCAL YEAR **JULY 1, 2017 to JUNE 30, 2018**

\_\_\_\_\_ A. I am engaged in outside employment and/or consultation for an average of \_\_\_\_\_ hours per week. If this activity changes, I will immediately file a report of this activity. If so, please describe in detail:

\_\_\_\_\_ B. I am not participating in outside employment or consultation. In the event that I do engage in outside employment and/or consultation, I will immediately file a report of this activity.

***I affirm this report is accurate and true to the best of my knowledge. I also swear or affirm that my outside employment does not interfere or conflict with my performance of my duties as a member of the University's staff.***

\_\_\_\_\_  
Signature/Date

**REVIEWER: Please route this form until all signatures applicable to this staff member are obtained.**  
*I have reviewed the information on this form and have no reason to doubt its accuracy. In my opinion the consultation or employment reported above does not interfere with the individual's University duties. (If a reviewer chooses not to sign this form, a written explanation should be attached and forwarded with the form.)*

\_\_\_\_\_  
Department Director/Chairperson Signature/Date

\_\_\_\_\_  
Executive Director/Dean Signature/Date

\_\_\_\_\_  
Vice President/Provost Signature/Date

Once all pertinent signatures are secured, please forward this form to the Office of Human Resources by  
**September 30, 2017.**