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SR-90-91-(54)207 (EC)

Marshall University

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EXECUTIVE COMMITTEE
Recommendation

SR-90-91-(54)207 (EC)

To approve the attached Outside Employment Activities form and procedures.

FACULTY SENATE PRESIDENT:

APPROVED BY SENATE: _____ DATE: _____

DISAPPROVED BY SENATE: Kathryn Deyak DATE: 1/31/91

UNIVERSITY PRESIDENT:

READ: Robert F. Fuld DATE: 2/12/91

COMMENTS:

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On two occasions, efforts have been made to present an Outside Activities Form for approval of Faculty Senate.

In disapproving the form, Faculty Senate has offered no alternative suggestions and no comment.

Therefore, I am informing you of my intention to place this Outside Employment Activities Form and procedure into effect.

The attached form must be completed by each full-time faculty member. When all forms received, the dean will forward them to the appropriate office for filing in personnel file. If dean has reservations regarding outside employment activities of a faculty member, he/she will discuss with chairperson of department and individual and submit a recommendation.

**OUTSIDE EMPLOYMENT ACTIVITIES BY FULL-TIME FACULTY
OF MARSHALL UNIVERSITY, HUNTINGTON, WV**

As a full-time Marshall University faculty member, I am providing the following information in accordance with Policy Bulletin 36, Section 4: 4.3, 4.3.1 and 4.3.2.

I am employed in a job in addition to my employment at Marshall University.

_____ Yes _____ No

If the answer is yes, please provide the following information. Then sign this declaration and return it to your dean with a copy to the chairperson of your department.

In addition to my position at Marshall University, I am now employed by the following institution/firm* (or am self-employed as indicated):

Name of Institution/Firm: _____

Address: _____

Employment Location(s) - if different from above: _____

Position: _____

Hours per Week: _____

Description of Employment Activities: _____

My signature indicates that I understand and accept the stipulation that any "outside employment," regardless of the number of hours of such employment or self-employment, shall neither involve any conflict of interest nor shall in any way reduce the performance of my full and efficient services to Marshall University.

I am obligated to notify my department chairperson and dean of any changes in my employment status from that stated above.

Signature of Employee

Date

Department

*If employed by more than one firm, please indicate on reverse side.