

NOTE: External Employment requests will not be granted for a period longer than one year. All authorizations, regardless of length, will terminate on August 31 of the current fiscal year (FY). All employees/faculty members must reapply for authorization with this form each FY, defined as September 1 - August 31.

Employee name:					
1 2	First	Middle	Last		
Title:					
Department:					

I request permission to accept external employment. The proposed employment will not interfere with my assigned duties. In such external employment, I will act as an individual and not as a representative of Texas A&M International University (TAMIU), and if I am a faculty member, such external employment is not directly related to my professional discipline.

1. Name and address of employing firm, agency, or individual:

2. Nature of work:

3. Is release time being requested? YES____ NO____ If YES, the following is my basis for requesting release time (provide remuneration, value to TAMIU, professional enhancement):

4. Period of request: ______ through ______ Date (no later than August 31 of the current FY)

Total release time requested for period (if none, state N/A): _____

Total release time (including previous approvals):

5. Is equity ownership involved? ______ If so, state the amount and type of equity interest owned: ______

I understand that external employment may not be undertaken on that portion of time covered by federal grants or contracts. I further understand that this request applies only to that portion of my time for which I am employed by TAMIU. I agree to furnish reports and additional details of employment as required.

I certify that there will be no conflict of interest between this external employment and my responsibilities as an employee of TAMIU. I also certify that this external employment will be conducted at no expense to TAMIU.

I fully agree and understand that official release time is contingent upon this activity being of value to TAMIU and an enhancement to my relationship thereto, and so long as I receive no remuneration for the work performed. Otherwise, I will take vacation or accumulated compensatory time for such absences, as applicable.

I certify that I have read System Policies 07.01 Ethics and 31.05 External Employment and Expert Witness, and System Regulation 31.05.02 External Employment, and agree to conduct my external employment in accordance with the provisions contained therein, including the requirement that I will not engage in external employment prior to receiving the requisite approvals.

If I am a faculty member, I certify that all external employment requested will not be directly related to my professional discipline.

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	Employee Signature	Universal Identification Number (UIN)			Date
Approv	val Recommended:	Release time recommended?	YES	NO	
X					
	Immediate Supervisor			Date	
X					
Budgetary Unit Head (Department Head)				Date	
X					
Next Level Supervisor (Associate VP, Dean, or E		sociate VP, Dean, or Executive Director)		Date	
Approv	ved:	Release time approved?	YES	NO	
X					
	Appropriate VP (or Presid	lent, if applicable)		Date	

PLEASE SUBMIT COMPLETED AND FULLY SIGNED FORM TO THE HR OFFICE.

HR FORM: Revised 2/4/13