



Request to Engage in Outside Employment/Activity for Evaluating Conflict of Interest and/or Commitment

Name of Employee _____

Employee Email Address _____@valdosta.edu

Department _____

Name and Address of Proposed Employer or Recipient of Services

Provided (934dl2OB)Tc Bridl2OB Ddl2OBcrip4 (OB)tl2OBon4 (OB) of



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Specify any VSU-owned resources that will be used (i.e., technology, facilities, supplies, personnel, students, vehicles, etc.). Detail how, when, and what amount will be reimbursed to the institution.

The employee/applicant verifies the following: