



## UNIVERSITY SYSTEM OF GEORGIA REVIEW FORM FOR **USG PRESIDENTS** COMPENSATED OUTSIDE ACTIVITIES

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**Purpose:** This form should be completed by USG Presidents seeking approval to engage in compensated outside activities that relate to their expertise or responsibilities as a USG employee. Such activities include consulting, teaching, speaking, and participating in business, professional, or service enterprises. Completed forms should be forwarded to the USG Office of Ethics and Compliance at the email address provided below. An electronic signature may be used. Alternatively, a hard copy may be printed, signed, and sent via email.

USG Office of Ethics & Compliance  
[usg-compliance@usg.edu](mailto:usg-compliance@usg.edu)  
(404) 962-3034

The Office of Ethics and Compliance will review proposed compensated outside activities in consultation with the USG Office of Legal Affairs and will note any concerns that should be addressed. Final approval for compensated outside activities for USG Presidents will be made by the Chancellor. Final approval for compensated outside activities for direct reports of a USG President and those with a title of Vice President or equivalent will be made by the USG President.

**Policy Requirement:** In accordance with [BOR 8.2.18.2.3 Compensated Outside Activities of Faculty and Staff](#), each USG employee with a work commitment of 30 or more hours per week and faculty on contracts of nine months or more must obtain written approval in advance from the institution President or designee prior to engaging in compensated outside activities that relate to the employee's expertise or responsibilities as a USG employee. System Office employees and USG Presidents must obtain approval from the Chancellor or the Chancellor's designee.

**Please provide the information requested below:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

USG Institution: \_\_\_\_\_

1. What is the name of the business or organization that is the subject of this request?

\_\_\_\_\_

2. Please provide the beginning and ending dates for this outside activity and check the appropriate box in regards to duration.

From: (ex. 2/1/2020) \_\_\_\_\_ To: (ex. 3/1/2020) \_\_\_\_\_

- One-time activity (during provided dates)    Reoccurring Activity (i.e., monthly, annually, etc.)  
 Multiple activities (during provided dates)    Ongoing arrangement

3. Is the organization a for-profit organization?  Yes  No

4. To your knowledge, does the organization receive federal funding as it relates to the work you would be performing?  Yes  No If yes, please explain.

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5. Is the organization a vendor of your institution?  Yes  No If yes, provide details:

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6. Do you, or members of your immediate family, have any ownership and/or affiliation with this organization?  Yes  No If yes, please explain:

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7. Is the organization owned by a member of the institution's faculty or staff?  Yes  No If yes, please provide details:

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8. In the past 12 months, have you received anything of value from this organization?

Yes  No If yes, please check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Salary                 | <input type="checkbox"/> Loans                          |
| <input type="checkbox"/> Honoraria              | <input type="checkbox"/> Travel costs                   |
| <input type="checkbox"/> Consulting Fee         | <input type="checkbox"/> Gifts or other things of value |
| <input type="checkbox"/> Expense Reimbursements | <input type="checkbox"/> Royalties                      |
| <input type="checkbox"/> Hourly Wages           | <input type="checkbox"/> Other                          |

Provide additional details:

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9. What services or activities will you engage in on behalf of this organization? Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Consulting        | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Officer / Manager | <input type="checkbox"/> Instruction        |
| <input type="checkbox"/> Other             |   |

Provide details regarding any activities you will engage in on behalf of this organization:

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**10. Will you receive anything of value from this organization for this activity?**

Yes     No    If yes, please check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Salary                 | <input type="checkbox"/> Loans                          |
| <input type="checkbox"/> Honoraria              | <input type="checkbox"/> Travel costs                   |
| <input type="checkbox"/> Consulting Fee         | <input type="checkbox"/> Gifts or other things of value |
| <input type="checkbox"/> Expense Reimbursements | <input type="checkbox"/> Royalties                      |
| <input type="checkbox"/> Hourly Wages           | <input type="checkbox"/> Other                          |

**Provide additional details, to include amounts, frequency, etc. of anything of value to be received:**

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**11. Do you have any intellectual property that will be used or licensed to this organization?**

Yes     No    If yes, please provide relevant details:

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**12. Will students, interns, trainees, post-doctoral students or other USG employees participate in the activities of this organization?**     Yes     No    If yes, please provide relevant details:

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**13. Is the organization related in any way to current or proposed research in which you are involved?**

Yes     No    If yes, please provide relevant details:

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**14. Will any USG property or resources be used in the execution of your activities with this organization?**     Yes     No    If yes, please provide relevant details:

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**15. What is your estimated annual time commitment for this organization in number of days per year, including travel? (Round hours up to the nearest day; must be at least 1 day) \_\_\_\_\_**

16. Will your efforts on behalf of this business or organization take place during your regular work hours?  Yes  No  Partially

If yes or partially, do you plan to take appropriate leave?  Yes  No Please explain:

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I hereby swear or affirm that the information provided below is true and correct to the best of my knowledge.

\_\_\_\_\_  
Institution President's Signature

\_\_\_\_\_  
Date

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*To be completed by authorizing representatives:*

Review by Office of Ethics & Compliance and Legal Affairs:  Completed

Review by USG Chancellor:

- Approved
- Approved with below-listed restrictions
- Disapproved

Restrictions:

\_\_\_\_\_  
USG Chancellor Signature

\_\_\_\_\_  
Date