



REVIEW FORM FOR  
**USO EMPLOYEES**  
**OUTSIDE ACTIVITIES APPROVAL**

**Purpose:** This form should be completed by University System Office (USO) employees seeking approval to engage in outside activities that relate to their expertise or responsibilities as a University System of Georgia (USG) employee. Such activities could be compensated or non-compensated and include consulting, teaching, speaking, participating in business, professional, or service enterprises, etc.

**Completion:** Completed forms should be forwarded through your supervisor to the USG Office of Ethics and Compliance for approval:

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

**Policy Requirement:** In accordance with [BOR 8.2.18.2 Conflicts of Interest, Conflicts of Commitment, and Outside Activities](#), each USO employee with a work commitment of 30 or more hours per week must obtain written approval in advance from the Chancellor or designee prior to engaging in outside activities that relate to the employee's expertise or responsibilities as a USG employee.

EMPLOYEE INFORMATION			
Name	First:		Last:
Title			
USO Department			
Email			
ORGANIZATION INFORMATION			
Organization Name			
Organization Type	<input type="checkbox"/> For-Profit <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> Other	To your knowledge, does this organization accept federal funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
		Is the organization a vendor of the USG?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Point of Contact	Name:		Title:
ACTIVITY INFORMATION			
Location Where Services will be Performed (please provide details)			
Nature of Outside Activity		Describe in detail the type of work you will be performing for the organization. (attach additional pages if needed)	

<b>Estimated Annual Time Commitment</b> (Round hours up to the nearest day; must be at least 1 day)	_____ Days	Please provide further details, if needed:	
<b>Time Period</b>	Start Date:	End Date:	
<b>Type of Activity</b>	<input type="checkbox"/> One-time activity (during dates) <input type="checkbox"/> Multiple activities (during dates) <input type="checkbox"/> Recurring activity (i.e., monthly, annually, etc.) <input type="checkbox"/> Ongoing Arrangement		
<b>COMPENSATION</b>			
Will you receive anything of value from this organization for this activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe:	
Will this organization cover expenses? (e.g., travel, per diem, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional details:	
Have you received anything of value from this organization within the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional details:	
<b>USG DUTIES &amp; AFFILIATIONS</b>			
Do you or anyone in your line of authority supervise, participate in or approve of the purchase of products/services from this organization in the role of a USG employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional details:	
Do you manage or regularly interact with employees of this organization in your role as a USG employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional details:	
Do you, or members of your immediate family, have any ownership and/or affiliation with this organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional details:	
Does another USG employee have ownership in or an affiliation with this organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional details:	
Do you have any intellectual property that will be used or licensed to this organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional details:	

Do or will students, interns, trainees, post doctoral students or other USG employees participate in the activities of this organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional details:
Will work be performed entirely outside of your USG working hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please describe:

ACKNOWLEDGEMENTS		
I acknowledge that if an actual or apparent conflict of interest arises from the outside activity, I must disclose it.	Initial:	
I acknowledge that appropriate leave must be used for outside activities during work hours.	Initial:	

By signing below, I certify that the information on this form is accurate and complete.

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Printed Name

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**Below sections to be completed by authorizing representatives only.**

REVIEW	STATUS	NOTES (Optional)
Approved.	<input type="checkbox"/>	
Approved, with restrictions.	<input type="checkbox"/>	
Denied.	<input type="checkbox"/>	

**RESTRICTIONS (If applicable)**

\_\_\_\_\_  
Authorized USO Employee

\_\_\_\_\_  
Date