



## CAES Compensated Outside Activities Approval Form

USG policy for faculty outside consulting during work hours: maximum limit is, on average, one day (8 hours) per week.

Name  Title  Department   
Email  OneUSG EmpID

1. Business/Organization that is the subject of this request

Name  Primary Contact   
Email  Phone   
Address

2. Dates of Proposed Outside Work (All dates must fall within a single fiscal year, ending on June 30)

Start Date  End Date  Total Hours  Total Months  Avg Hours per month

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

Consulting ☐ Board of Directors ☐ Office/Manager ☐ Instruction ☐ Other ☐ \_\_\_\_\_

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

4. What compensation will you receive from this organization for the proposed outside activities? Check all that apply:

Salary ☐ Honoraria ☐ Travel Costs ☐ Expense Reimbursement ☐  
Loans ☐ Royalties ☐ Equity/Ownership Interest ☐ Gifts/Other things of value ☐

Provide details to include amounts of anything of value to be received

5. Missed University Work: Identify any UGA classes, meeting, or responsibilities that will be missed because of this proposed Outside Work, and what arrangements are proposed to cover any missed responsibilities

6. Is the organization a for-profit organization? Yes ☐ No ☐

7. Research, Intellectual Property, and Startup Activity: If any of questions 7a through 7f below receive a YES, forward this request to the Office of Research Integrity and Safety at [oris-coi@uga.edu](mailto:oris-coi@uga.edu) for review and consultation prior to the Approver's final decision, including any approval or issuance of a management plan.

7a. Could the proposed compensated outside activity conceivably be conducted as either a sponsored project or as sales and service activity? Yes ☐ No ☐

7b. Does the organization provide any sponsored project funding to UGA that directly supports any of your University responsibilities? Yes ☐ No ☐

7c. Do you intend to use any existing UGA intellectual property for this effort? Yes ☐ No ☐

7d. Are you required to assign current or future intellectual property rights to the organization under the proposed compensated outside activity? Yes ☐ No ☐

7e. Does the scope of work of this proposed activity overlap with the scope of any sponsored or service project you currently perform at UGA, or that you may perform at UGA in the future? Yes ☐ No ☐

7f. Is the organization a startup company? Yes ☐ No ☐



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If yes, please identify your role and the role of your family members on behalf of the organization (if any).  
Also identify all UGA employees and students who are founders, investors, employees, consultants, or agents of the organization or who may have any other connection to the organization.

If you answered YES to any of the questions 7a through 7f, explain below.

8. To your knowledge, does the organization receive federal funding as it relates to this work? Yes ☐ No ☐

9. Is the organization a vendor of the University of Georgia? Yes ☐ No ☐

*"Vendor" means any person who sells to or contracts with UGA for the provision of any goods or services.*

10. Do you or anyone you supervise participate in or approve of the purchase of products or services from this organization in the role of a UGA employee? Yes ☐ No ☐

11. Do you, or members of your immediate family, have any ownership in this organization? Yes ☐ No ☐

12. Is the organization owned by a member of the institution's faculty or staff? Yes ☐ No ☐

If you answered YES to questions 10 through 12, explain below.

13. In the past 12 months, have you received any of the following from this organization? Check all that apply:

Salary ☐      Honoraria ☐      Travel Costs ☐      Expense Reimbursement ☐  
Loans ☐      Royalties ☐      Equity/Ownership Interest ☐      Gifts/Other things of value ☐

Provide details to include amounts of anything of value to be received

14. Will UGA students, interns, trainees, post-doctoral students or other UGA employees participate in the activities of this organization? If YES, provide details below. Yes ☐ No ☐ N/A ☐

15. Will any UGA property or resources be used in the execution of your activities with this organization? If YES, please provide details below. Yes ☐ No ☐

\_\_\_\_\_  
Submitter's Signature and Date

\_\_\_\_\_  
Department Head's Signature and Date

\_\_\_\_\_  
Associate Dean for  
Research's Initials

\_\_\_\_\_  
Associate Dean for  
Extension's Initials

\_\_\_\_\_  
Associate Dean for  
Instruction's Initials

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Dean's  
Initials

\_\_\_\_\_  
Associate Dean for  
Graduate Studies, Faculty Affairs and Strategic Initiatives Initials