



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 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

Dean's
Initials