

**FLORIDA A&M UNIVERSITY**  
**OUTSIDE EMPLOYMENT/CONFLICT OF INTEREST ACTIVITIES**  
**FOR ALL EMPLOYEES**

**General Information:**

This report of proposed outside employment is submitted pursuant to the provisions of Florida A&M University Regulation 10.122, Outside Employment. Outside employment/activities as used herein, means any employment and/or activities entered into in addition to employment at the University. Such employment/activities includes private practice, private consulting, teaching, research, business (including managerial interests or positions), or other activities, compensated or uncompensated, which is not a part of the employee's assigned duties and for which the University provides no compensation. Conflict of interest means: Any conflict between the private interests of the employee and the public interests of the University, including conflicts as specified in Florida laws.

Employee Name:	Employee ID:
Division:	
Department:	

If you do not have outside employment/activities, complete Section 1.

If you do have outside employment/activities, complete Section 2.

**Section 1:**  I do not have outside employment/activities.

Employee Name: \_\_\_\_\_ Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**HERE if you DO NOT have outside employment / activities.**

**Section 2:**  I have outside employment/activities with an employer/entity in the private sector.

I have outside employment with another state agency or public employer/entity.

Scheduled University workdays & hours: \_\_\_\_\_

Total hours per week: \_\_\_\_\_

Outside Employment / Activities Information	
Name of Employer	
Address of Employer	
Employment Duties	
Start Date	Termination Date:
Outside Workdays and Hours	
Estimated Hours per Week	

*I certify to the above and hereby request permission to engage in outside employment/activities. In addition, the above employment/activities as described above does not constitute a conflict of interest and will not interfere with my primary appointment.*

Employee Name: \_\_\_\_\_ Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3:**

My outside employment/activities will require the use of University facilities, equipment, services or personnel? If yes, please attach [Appendix A, Form FAM-HR 402A](#)

Yes  No

Approved \_\_\_\_\_  
(PRINT) Department Head Name Date: \_\_\_\_\_

Approved \_\_\_\_\_  
Department Head Signature

Approved \_\_\_\_\_  
(PRINT) President/Provost/Vice President Name Date: \_\_\_\_\_

Approved \_\_\_\_\_  
President/Provost/Vice President Signature