University of Washington | Human Resources

**REQUEST FOR APPROVAL OF OUTSIDE WORK – PROFESSIONAL AND CLASSIFIED STAFF –PART 1**

**For instructions on completing this form in MS Word see:** <http://www.washington.edu/admin/hr/forms/instructions.html>

This form is used for professional and classified staff to obtain advance approval of outside work, whether or not for compensation, whenever the work stems from, could conflict with, or may relate to the employee’s job duties or status as a University employee. The review by the supervisor and the organizations administrative head should focus on whether or not the outside work appears to conflict, or actually conflicts with the state ethics law and/or University policy. See “Outside Consulting Activities and Part-Time Employment by Professional or Classified Staff Employees” APS 47.3 (<http://www.washington.edu/admin/adminpro/APS/47.03.html>)

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| employee information | | | | | | | | | | | | |
| Employee Last Name: | | | First Name: | | | | | MI: | Job Title: | | | EID No. XXX-XXX-XXX |
| Appointment Type:  Professional Staff  Classified Staff | | | | Department: | | | | | | Major Organization: | | |
| Percent Time:  Full Time  Part Time (      percent time) | | | | | | | Appointment Period:  12 mos.  10 mos.  9 mos.  Other  mos. | | | | | |
|  | | | | | | | | | | | | |
| details of outside work | | | | | | | | | | | | |
| Work is to be Performed For: | | | | | | | Dates that Work will be Performed:  From mm/dd/yyyy to mm/dd/yyyy **or**  indefinite | | | | | |
| **Type of Organization for which work is to be performed** | | | Private  For Profit  Non Profit | | | | | | | | | |
|  | | | Public  Federal  State  Other | | | | | | | | | |
| Briefly describe the work that will be performed: | | | | | | | | | | | | |
| When will work be performed?  Outside regular work hours  During regular work hours | | | | | If work will be performed during regular work hours I plan on requesting:  Annual Leave  Leave without pay  Temporary change in percent time  Permanent change in percent time | | | | | | | |
| **Will other UW employees be involved in this work?** | | | | Yes  No | If other UW employees involved please identify them (use additional sheet if necessary).  Last Name:       First Name:  Last Name:       First Name: | | | | | | | |
|  | | | | | | | | | | | | |
| **FINANCIAL AND/OR INTELLECTUAL PROPERTY INVOLVEMENT** | | | | | | | | | | | | |
| **Important : If you answer Yes to any of the following questions, you must complete and submit both Part 1, and Part 2 of this form, otherwise only Part 1 is required.**  Regarding the organization for which the work is to be performed, do or will you, your spouse, significant other or your children: | | | | | | | | | | | | |
| Yes | No | Own equity/stock, serve as a partner, have any other form of financial involvement or derive any financial benefit? | | | | | | | | | | |
| Yes | No | Hold a management position? | | | | | | | | | | |
| Yes | No | Participate in or direct the organizations ongoing operation? | | | | | | | | | | |
| Yes | No | Serve in or have an advisory role? | | | | | | | | | | |
| Yes | No | Have any role in the scientific/technical program of the organization? (Including technical advisory committee)? | | | | | | | | | | |
| Yes | No | Engage in activity that will or may result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington? | | | | | | | | | | |
| Yes | No | Engage in activity that will or may result in the transfer or use of intellectual property obligated or licensed to another entity? | | | | | | | | | | |
| Yes | No | Conduct research of direct value to the organization? | | | | | | | | | | |
| Yes | No | Receive or anticipate research funding from the organization? | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **SIGNATURES AND APPROVAL** | | | | | | | | | | | | |
| Date by which response to this request is needed  mm/dd/yyyy | | | | Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Supervisor’s Name: | | | | | | Phone:    -   - | | | | | Email: | |
| Supervisor Signature of Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| Administrative Unit Head: | | | | | | | | | | | | |
| Admin. Unit Head Signature of Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |

**Distribute Copies of the Completed Form to: Dean, Chancellor, Vice President, or Vice Provost; and Department; Employee**

University of Washington | Human Resources

**REQUEST FOR APPROVAL OF OUTSIDE WORK – PROFESSIONAL AND CLASSIFIED STAFF –PART 2**

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| **FINANCIAL AND/OR INTELLECTUAL PROPERTY INVOLVEMENT -** | |
| Check the box(s) next to the items to which you answered Yes on Part 1 of this form, and then provide the additional information requested in relation to the question.  Regarding the organization for which the work is to be performed, do or will you, your spouse, significant other or your children: | |
|  | Own equity/stock, serve as a partner, have any other form of financial involvement or derive any financial benefit?  Describe the financial involvement, benefit or relationship you, your spouse, significant other, or your child has or will derive from the organization where you propose to work: |
|  | Hold a management position?  Describe the position you, your spouse, significant other or a child will hold with the organization where you propose to work, including the position's title and general job duties: |
|  | Participate in or direct the organizations ongoing operation?  Describe how you, your spouse, significant other, or your child engage in directing the organization's ongoing operations |
|  | Serve in or have an advisory role?  Describe the advisory role you, your spouse, significant other, or your child plays with the organization. |
|  | Have any role in the scientific/technical program of the organization? (Including technical advisory committee)?  Describe the advisory role you, your spouse, significant other, or your child has in the organizations scientific/technical program. |
|  | Engage in activity that will or may result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington?  Describe the activities you, your spouse, significant other, or your child may engage in that will or may result in the transfer or use of discoveries, software, databases, inventions or other intellectual property that have not yet been disclosed to the University of Washington. |
|  | Engage in activity that will or may result in the transfer or use of intellectual property obligated or licensed to another entity?  Describe the activity that you, your spouse, significant other, or your child will engage in that will or may result in the transfer or use of intellectual property obligated or licensed to another entity. |
|  | Conduct research of direct value to the organization?  Describe the research you, your spouse, significant other, or your child will engage in for the organization. |
|  | Receive or anticipate research funding from the organization?  Describe the research funding you, your spouse, significant other, or your child has or will obtain from the organization. |
| My statements on Parts 1 and 2 of this form are truthful to the best of my knowledge. With this request for outside work, I acknowledge that I am bound by and I agree to comply with the University Patent, Invention, and Copyright Policy (“Policy”)(*Executive Order 36*) as it may be amended from time to time. In accordance with this Policy, I will disclose all inventions and discoveries I create to the UW Center for Commercialization, including any that I create in connection with any outside work. I agree to assign and I hereby assign to the University all my rights in any intellectual property to which the University has a right of assignment under the Policy, provided I created such intellectual property in the course of my University activities or responsibilities or with more than incidental use of University resources.  Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_  Print Name Signature | |
| Department Chair/Program Director Evaluation  Approval:  Recommended  Not Recommended  Department Chair/Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_  Print Name Signature | |
| Dean, Chancellor, Vice President, Vice Provost: Evaluation  Approved  Not Approved  Dean, Chancellor, Vice President, Vice Provost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_  Print Name Signature | |

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