REQUEST FOR APPROVAL OF OUTSIDE EMPLOYMENT

The primary responsibility of TTUHSCEP employees is the full and complete execution of all assigned duties, the fulfillment of those professional obligations and the maintenance of current professional skills. Outside employment is any compensated service or employment by an entity other than TTUHSC, TTUHSCEP or TTU. Outside employment must be compatible with the interests of TTUHSCEP and of a nature that it will not detract from the usefulness and performance of the employee. TTUHSCEP employees also engaged in outside employment cannot do so during normal working hours. HSCEP OP 70.18.

A conflict of commitment is when an employee engages in external activities, either compensated or uncompensated, that interferes with the employee's obligation and responsibilities to the TTU system. External activities shall not detract from primary responsibilities or require such extensive absence to cause an employee to neglect his/her obligations. Regents’ Rules, Chapter 3, 03.01.5. A conflict of commitment occurs if an employee's outside activities exceed permitted limits or an employee's professional loyalty is not to the Institution. HSCEP OP 10.05.

Faculty who are members of their school's income plan are required to follow the plan bylaws regarding income-generating activities.

In accordance with Regents' Rule 03.01.5, TTUHSCEP OP 10.05 and OP 70.18, faculty and staff members proposing to engage in any outside employment must submit the following information for consideration by their supervisor and respective department head/division chair for approval prior to engaging in the proposed activity.

Name: ___________________________________________ Employee R #: _________________________

Department: ________________________________ Job Title: ______________________________________

1. Name of proposed employer: ____________________________________________________________

2. Location of proposed employment: _______________________________________________________

3. Anticipated dates and length of outside employment: ________________________________________

4. Details of the compensation to be received: ________________________________________________
                                                                                              ________________________________________________
                                                                                              ________________________________________________

5. Description of outside employment activity: ________________________________________________
                                                                                              ________________________________________________

6. Estimated number of hours per month proposed for outside employment: ____________________

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7. If the outside employment is with another state or federal agency, please explain how the appointment will benefit the State of Texas.

8. List other reported outside employment activity currently in effect:

I agree that during the course of my outside employment, TTUHSCEP resources shall not be used.

I hereby certify that the outside employment activity reported does not constitute a conflict of interest or commitment and will not interfere with my regular employment as an employee of the Texas Tech University Health Sciences Center El Paso.

Employee’s signature ____________________________ Date __________

_____ Approved  _____ Disapproved ____________________________ Date __________

Signature of Supervisor ____________________________ Date __________

Title ____________________________

• If approved, external employment may not exceed ______ hours per month.

_____ Approved  _____ Disapproved ____________________________ Date __________

Signature of Department Head ____________________________ Date __________

Title ____________________________

_____ Yes  _____ No Schedule conference with employee.

• If yes, date of conference: ____________________________

If employee desires, or is required, to accept an additional position with another state or federal agency, he or she must obtain approval by the appropriate VP / Dean and the Board of Regents.

_____ Approved  _____ Disapproved ____________________________ Date __________

Signature of Vice President / Dean ____________________________ Date __________

Title ____________________________

_____ Approved  _____ Disapproved ____________________________ Date __________

Board of Regents ____________________________