University Policy 200.27 EXTERNAL EMPLOYMENT

Employ	ee name:		
	First	Middle	Last
Title:		Department:	
Extension	on:	Email Address:	
will no interes	ot interfere with	my assigned duties or c employment, I will act as	t. The proposed employment compromise the University's s an individual and not as a
1.	Name and addres agency or individ	s of employing firm, ual:	
2.	Nature of Work:		

I have read Policy 200.27: External Employment and agree to the terms and conditions

Employee's Signature

Date

Dean/Date

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