

# Professional Activities Outside of Position Description Authorization Request

North Dakota State University encourages employees to participate in professional activities providing information, advice, or services as a means of gaining additional professional experience and maintaining professional competency within their specialized disciplines. Participation in professional activities is expected to contribute to the mission of the University.

Full-time staff (and part-time staff that are over 50%) are expected to devote their primary loyalty and energy toward meeting the duties/responsibilities within their position descriptions. Activities outside of the position description must not interfere with the primacy of these duties/responsibilities, present a conflict-of-interest, or create a public relations concern. Prior to accepting an external or internal teaching, consulting, or coaching opportunity, staff must disclose the activity and obtain approval from the appropriate supervisory personnel and the appropriate unit head.

Review the guidelines for [Professional Activities Outside of Position Description](#)

**\*Text space is limited. If more space is needed, continue on a separate sheet of paper and submit with this form.**

Name  Empl ID  Requested Date

Department  Supervisor  Phone

Position Title

**Prior to commitment for any professional activity, this form must be completed and approved by the appropriate unit head [Vice Provost for Student Affairs and Enrollment Management or Associate Vice Provost for Student Affairs].**

Name/Address of Requestor/Sponsor of Activity:

Date(s) of Activity:

Estimated Duration of Service [Maximum of one Year]

Nature of professional activity (describe in detail, attach extra sheets if necessary).

**Remuneration:** Will you be paid a retainer fee or other form of remuneration for this professional activity?  Yes  No

**Time:** Please give an estimate of how much time per week will be spent on this activity.  hr/wk

**Facilities:** Will this professional activity involve use of University facilities or resources?  Yes  No

If yes, please explain your needs and provide an estimate of the fee(s) to be paid.

**Conflict of Interest:** Will this activity constitute a conflict of interest?  Yes  No

If yes, please explain. If you are not sure, discuss with your unit head who may recommend you contact University Counsel or another reliable source.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Vice Provost For Student Affairs and Enrollment Management \_\_\_\_\_ Date \_\_\_\_\_