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| **CSN logo.tiff**  **DECLARATION OF OUTSIDE COMPENSATED SERVICES (ADMINISTRATIVE FACULTY)** | |
| Employee Name: | |
| Please indicate whether you are: | |
| Full Time: | Part Time: |
| CSN Department and Phone #: | |
| Name of immediate supervisor: | |
| Name of Vice President: | |

**Section I.**

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| 1. | Do you currently perform scholarly or professional outside compensated work as defined on page 3?  No  Yes  If you answered “yes” please complete the remainder of this form and submit to your supervisor. If you answered “no” please skip Section II and complete Sections III and IV. |
| 2. | Do you intend to perform scholarly or professional outside compensated work as defined on page 3?  No Yes  If you answered “yes” please complete the remainder of this form and submit to your supervisor at least 10 days in advance. If you answered “no” to this question, please skip Section II and complete Sections III and IV. |

**Section II.**

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| 3. | Company/Organization for which outside work will be performed: | |
| 4.  5. | Nature of intended work:  Does this outside work present any potential conflict of interest for CSN, as defined on page 3?  No  Yes  Immediate Supervisor:  Concur  Do Not Concur  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If you answered “yes” to this question, please route to your VP for consideration and resolution after completing this form.  If the supervisor believes the outside activity creates a conflict of interest, he/she must inform the faculty member and attempt to negotiate a mutually acceptable course of action. If those negotiations fail, the employee must forward this request form to the appropriate Vice President for final determination and fill in the date routed to the Vice President below.  **Date routed to VP: \_\_\_\_\_\_\_ Date received by VP: \_\_\_\_\_\_\_ VP Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| 6. | Duration of intended outside work (mm/dd/yy through mm/dd/yy): |  |
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| 7. | Estimate the potential time commitments required for this work (hours/days per week, per month) (may not exceed 20% of your *normal work week*): | |
| 8. | Describe in full any CSN resources to be used for this work: | |
| 9. | If using CSN resources, what is your plan to reimburse CSN for those resources?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Attach documentation evidencing your supervisor’s permission to use these resources. (*Note that you are subject to the Board of Regents’ policy regarding personal use of System property or resources.* See Title 4, Cap. 1, Sec. 25)  Documentation attached? Yes  No  Immediate Supervisor’s Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vice President’s Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signatures of supervisor and Vice President indicate approvals of Employee’s form and consent to engage in activities described, if any, herein.) | |

**Section III. (Check One)**

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|  | **A.** I hereby declare that I have read the attached policy from Title 4, Chapter 3, Section 9 of the NSHE Code and state that I have truthfully disclosed all scholarly or professional outside compensated services, if any, by means of completing the Current Scholarly/Professional Outside Compensated Services Form. I further agree that if I have such disclosures to make, I will forward said form to my supervisor and Vice President ten working days’ prior to beginning any such outside service. |
|  | **B**. I hereby declare that I have read the attached policy from Title 4, Chapter 3, Section 9 of the NSHE Code and state that I am not currently engaging in any scholarly or professional outside compensated services. |

**Section IV.**

I understand that if in the future I wish to engage in any outside compensated service as defined below, I must seek and receive approval from my supervisor and Vice President at least 10 working days prior to commencing work by filling out the applicable sections of this form.

Signed this \_\_\_\_\_\_ day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

By:

Employee Signature

Printed Name:

**Definitions:**

**Scholarly or Professional Outside Compensated Services (SPOCS):** Any outside activities performed by an instructional faculty or professional staff member within his/her subject matter field and for which he/she is compensated by an outside entity (e.g. consulting).

**Conflict of Interest:** Conflict of interest means any outside activity or interest that may adversely affect, compromise, or be incompatible with the obligations of an employee to the institution.

**References:**

Board of Regents Code, Title 4, Chapter 3, Section 9.