



Beyond Boundaries

Pfeiffer University **Statement on External Employment**

Pfeiffer University recognizes that faculty and other professional staff may be invited by public and private organizations to provide consultation and other professional services for pay. By engaging in such external professional activities for pay, faculty and staff have an opportunity to enhance their capabilities in teaching and research through the practical application of their professional knowledge. However, these external professional activities for pay are to be undertaken only if they do **not**

(1) interfere or conflict with the performance of the primary obligation of the individual to carry out all University duties and responsibilities in a timely and effective manner; or

(2) create a conflict of interest with the individual's University duties and responsibilities; or

(3) involve any inappropriate use or exploitation of University facilities, equipment, personnel, or other resources.

Statement of compliance

I have read and understand Pfeiffer's policy on external employment. I attest to the fact that Pfeiffer University is my primary employer and that any external employment in which I engage will fall within the scope of the guidelines stated in the policy.

Signature

Date

Pfeiffer University
Request to Engage in External Employment
2016-2017

*This form shall be filed with the Vice President for Academic Affairs **not less than 14 days** prior to the beginning of the proposed external professional activity for pay. Approval of the activity is granted for a period of not more than one calendar year.*

Name: _____

Rank: _____

Organization(s) for which the proposed external activity will be performed:

1. _____

2. _____

3. _____

Description of the type of professional activity involved

Estimated amount of time (per month) for the activity: _____

I request permission to engage in the external employment described above. In the event that the President concludes the outside activity is resulting in interference with responsibilities to the University, I agree to cease the outside activity or resign from full-time faculty status and responsibility.

Signature of Faculty/Staff

Date

Approval of the external activity:

Provost/Vice President of Academic Affairs

Date