

**OUTSIDE ACTIVITIES FORM\***  
**(INCLUDING CONSULTING, STARTUP ACTIVITY, AND BOARD SERVICE,)**  
(\* formerly titled: Consulting and Paid Professional Service Form)

**A. Employee Information**

Name:

Employee ID #:

Job Title:

Department:

University:

**B. Proposed Outside Activities**

**1. Paid Professional Activities (including Consulting)**

Are you taking steps towards providing professional services for any company, organization, or individual where the work is for the same or similar types of activities or area of expertise for which you are hired by the University?

- No
- Yes (Complete Sections C and E below and obtain approvals prior to starting such activity.)

**2. Creating or Joining a Startup Company**

Are you starting, or joining with others to start, a company where the work is for the same or similar types of activities or area of expertise for which you are hired by the University?

- No
- Yes (Complete Sections C, D and E below and obtain approvals prior to starting such activity.)

**3. Outside Board Service**

Are you taking steps towards serving on the board of a company or organization (other than for a local organization, religious organization, neighborhood association, school, youth sports league or similar boards that are personal in nature and will be on your own time)?

- No
- Yes (Fill out Sections C and E below, and obtain approvals prior to starting such service.)

**4. Other Outside Activity**

Are you taking steps to engage in any other outside activity, regardless of compensation, that reasonably appears to create a conflict of interest or conflict of commitment?

- No
- Yes (Complete Sections C, D and E below and obtain approvals prior to starting such activity.)

**C. Information Regarding Outside Activity**

*Researchers may need to file additional disclosures with Research Office*

1. Name of company, organization or Individual for/with whom you plan to work/consult/serve:
2. Is the company a state agency?
3. Address including city, state and zip:
4. Phone number(s):
5. Proposed time period for the work:  
*Note: If work is for an indefinite period of time, provide start date, answer "unknown" for end date, and include reason end date is unknown in your description and nature of the proposed work.*  
Start date:  
  
End date:
6. Description and nature of proposed activity:
  
7. Will this activity benefit the University of Houston System? If so, how?
  
8. What compensation, if any, will you receive for the proposed activity?
9. How many hours do you estimate you will spend on the proposed activity?  
  
Hours/day:            Hours/week:            Or total hours if project-based:
10. Will any hours worked in the activity coincide with your normal working hours?
  - No
  - Yes
11. Will any University facilities, space, equipment, or support staff be used?
  - No
  - Yes
12. If so, what compensation to the University is proposed for such use?

#### D. Ownership and Startups

1. Will you have any ownership in this activity/company?
  - No
  - Yes
2. If so, describe the amount and type of interest owned or to be owned and any conditions to the ownership?

#### E. Verification

I certify that the above information submitted by me is true and complete to the best of my knowledge. I grant permission to the University of Houston System to verify information provided regarding my outside activities. I further certify that these activities do not create a conflict of interest or commitment with my University responsibilities, nor will they adversely affect or impair my independence or judgment in the performance of my University duties.

Signature

Date

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#### G. Approvals (required before proposed activity may begin)

*I have reviewed the form and approve or disapprove as indicated in light of UHS policy considerations and best practices:*

##### Employee's Chair (or Supervisor for Staff)

- Approved
- Disapproved

Reason:

Signature

Date

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##### Dean (or Department Head/2<sup>nd</sup> level Supervisor for Staff)

- Approved
- Disapproved

Reason:

Signature

Date

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##### Provost (or Vice President for Staff)

- Approved
- Disapproved

Reason:

Signature

Date

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Once completed, this Form should be sent to the originating Department, with a copy to Human Resources/Employment Services.

*Note: Modification of this Form requires approval of OGC*