

{copy and paste onto company letterhead or insert logo here}

Request for Approval of Outside Engagement or Outside Employment Form

| | | | | | |
|--|--------------------------------|--|--|-----------------------------------|---------------------------|
| Initial Request | Revised Request | Renewal Request | Date: | | |
| Employee Name: | | | | | |
| Department: | | | | | |
| Job Title: | | | | | |
| Office Email: | | | | | |
| Office Phone: | (voluntary) Alternative Phone: | | | | |
| 1. Nature of Outside Activity | | | | | |
| Professional or Consultative Activities | Expert Witness | Teaching, Speaking, Writing or Editing | Board Advisor or Other Board Service | | |
| Non-Profit Volunteer | | | | | |
| <p>For activities involving teaching, speaking, or writing, provide a syllabus, outline, summary, synopsis, draft, or similar description of the content and subject matter involved in the course, speech, or written product (including, if available, a copy of the text of any speech) and the proposed text of any disclaimer that indicates that the views expressed do not necessarily represent the views of {INSERT COMPANY NAME HERE}. Check the applicable boxes indicating that these materials are attached.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Subject Matter of Activity</td> <td style="width: 50%; text-align: center;">Text of Disclaimer</td> </tr> </table> <p>If you are unable to provide this information, or will be delayed in submitting the attachments, please explain the nature of this delay:</p> | | | | Subject Matter of Activity | Text of Disclaimer |
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If you intend to provide personal services or products directly to multiple clients, patients, customers, or others, as a self-employed individual or as an independent contractor, alone or jointly with others, check this box.

Self-Employed Activity.

Provide specific details about the type of activity or business in which you propose to be engaged, such as legal, medical, accounting, or sales (specify industry or economic sector) and identify any partners or others with whom you provide services or products jointly. Estimate the total number of clients, patients, customers, or persons to whom you would provide services or products during the activity period, rather than listing them in Section 2 (below):

2. Outside Employer or Other Entity

Organization Name of
Outside Entity:

Primary Contact Name at
Outside Entity:

Department:

Job Title:

Primary Email Address
of Contact Person:

Primary Phone of Contact Person:

Alternative Phone of Contact Person:

A. Physical address/location where Activity, Work or Services Will Be Provided:

B. Provide details with respect to the duration, frequency, and timing of the activity. If your request for prior approval is granted, the approval is effective for a period not to exceed one year from the date of approval.

| | | | |
|---|--|---------------------|-----------------|
| <p>I understand that if I wish to continue an outside activity or perform work or provide services beyond the one-year approval period, I must renew my request no later than thirty days prior to the expiration of the period authorized.</p> | | | |
| <p>C. Will work be performed entirely outside of usual working hours? Yes No. If "no", estimate the number of hours or days that you will be absent from work and indicate the type of leave to be requested.</p> | | | |
| Period Covered, From: | | Period Covered, To: | |
| Estimated Total Time Devoted to the Proposed Activity | | | |
| Hours Per Day: | | Days Per Week: | Weeks Per Year: |
| 3. Compensation | | | |
| <p>A. Will your activity, work or services be compensated? Yes No. If "yes", describe the method or basis of compensation (check all that apply). Exclude travel-related compensation as that will be addressed in Section 4 (below).</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Fee Honorarium Retainer Advance Royalty Stock Stock Options </div> <p style="margin-top: 10px;">Other, please describe in detail.</p> | | | |
| <p>B. Indicate the total amount of compensation to be received for the proposed activity, work or services for the period covered by this request. Do not include the amount of any travel expenses to be provided by the outside entity that were reported in Part II, Item 6.</p> <p>1. Compensation Amount: \$</p> <p>2.</p> | | | |
| <p>A. If any compensation will be received from a payor other than the entity to which work or professional services will be provided, identify the payor and explain.</p> | | | |

D. Record of Prior Compensation from Same Source:

Identify the source, activity, amount and date of any compensation received, or due for services performed, within the last six calendar years and the current year through the date this request is submitted, from the person for whom or the organization with which the current work or activity will be done (including any amount received or due from an agent, affiliate, parent, subsidiary, or predecessor of the proposed payor). This information must be provided as to any outside activity performed for the person or organization that is the subject of this request for approval. Include any prior activity that is the same or similar to the present request, as well as any unrelated activity involving the same source.

| | | | | | |
|----------------------|---------------------------|--------------|--|------------|--|
| Current Year: | Source: | | | | |
| | Services Rendered: | | | | |
| | Amount Paid: | | | | |
| | Dates Served: | From: | | To: | |
| Past Year #1: | Source: | | | | |
| | Services Rendered: | | | | |
| | Amount Paid: | | | | |
| | Dates Served: | From: | | To: | |
| Past Year #2: | Source: | | | | |
| | Services Rendered: | | | | |
| | Amount Paid: | | | | |
| | Dates Served: | From: | | To: | |
| Past Year #3: | Source: | | | | |
| | Services Rendered: | | | | |
| | Amount Paid: | | | | |
| | Dates Served: | From: | | To: | |
| Past Year #4: | Source: | | | | |
| | Services Rendered: | | | | |
| | Amount Paid: | | | | |
| | Dates Served: | From: | | To: | |
| Past Year #5: | Source: | | | | |
| | Services Rendered: | | | | |

| | | | | | |
|---------------|--------------------|-------|--|-----|--|
| | Amount Paid: | | | | |
| | Dates Served: | From: | | To: | |
| Past Year #6: | Source: | | | | |
| | Services Rendered: | | | | |
| | Amount Paid: | | | | |
| | Dates Served: | From: | | To: | |
| Past Year #7: | Source: | | | | |
| | Services Rendered: | | | | |
| | Amount Paid: | | | | |
| | Dates Served: | From: | | To: | |

4. Travel

A. Indicate whether travel is involved, and if so, whether the transportation, lodging, meals, or per diem will be at your own expense or provided by the outside entity in kind or through reimbursement. Describe arrangements and provide estimated costs of items to be furnished or reimbursed by the outside entity.

1. Will travel for your activity, work or services be compensated in kind or through reimbursement?

Yes No anticipated travel expenses to report.

2. If "yes" at own expense in-kind reimbursed

a. Estimated Amount: \$

b. Please provide any additional detail:

5. Nature of Your Official Duties with the Other Entity

A. Describe the principal duties and responsibilities of your current position. You may attach a copy of your position description in lieu of providing the description unless you currently have significant duties or assignments that are not reflected in that document.

Position Description is Attached.

Additional duties not reflected on the Position Description include:

- B. Where do you perceive any potential conflict of interest between your official duties with this employer and the nature of the duties you would be performing or providing for the outside entity:

6. Relationship of Official Duties to Any Other Outside Activity

- A. Describe any of your official duties with this employer that relate in any way to the proposed activity, work or services you would be providing for the outside entity. If none, explain why.

- B. Where do you perceive any potential conflict of interest between your official duties with this employer and the nature of the duties you would be performing or providing for the outside entity:

7. Assignments Involving Outside Employer

- A. Describe any official duty assignments or other interactions you have had that involve the person for whom or the organization for which the proposed activity will be performed and indicate when such assignments or interactions occurred. If none, explain.

By signing this agreement, the Employee Certifies and Acknowledges the following:

- A. I have reviewed, understand and agree to the provisions of the Policy on Outside Engagement or Outside Employment (copy attached) as described in **INSERT COMPANY NAME HERE's** HUMAN RESOURCES (HR) HANDBOOK ON-DEMAND, (also known as the "Handbook"). By signing this agreement, I acknowledge the work, services, and/or activities I am proposing in this Request for Approval of Outside Engagement or Outside Employment does not violate this Company's guidelines/policy related to engaging in outside activities, performing work or providing services for an outside entity in any way.
- B. To the best of my ability, I have accurately completed this Request for Approval of Outside Engagement or Outside Employment and provided all pertinent information for consideration.
- C. I understand that if this request is approved, approval may be withdrawn at any time without advance notice.
- If, at any point in time, there is a material change in the terms, conditions or circumstances under which **INSERT COMPANY NAME HERE's** management has approved my request to pursue the outside engagement or the outside engagement described herein or if any potential conflict of interest arises which had not been identified prior to receiving

Company approval to pursue the outside engagement or the outside engagement, I agree to immediately report any such change to my supervisor and the CEO **{or enter the name/job title of an alternative person to whom employees can expect consideration and approval of this request}**. *For purposes of notification, immediately shall mean within no more than fifteen (15) minutes from discovery.*

- D. I also understand and agree to suspend all my outside activities, work, professional services, employment or business opportunity efforts starting with the first day that I report off work with **INSERT COMPANY NAME HERE** for any sick leave, FMLA leave (if eligible), worker's compensation leave, disability or other restricted duty work status. Furthermore, I agree not to resume my outside activities, work, professional services, employment or business opportunity efforts until I am able and qualified to return to full duty work status with **INSERT COMPANY NAME HERE** following any absence for sick leave, FMLA leave (if eligible), worker's compensation leave, or disability.
- E. I understand that failing to provide timely and accurate information or to make a full disclosure of relevant information to Company management concerning this request and/or any updates related to my outside engagements or outside employment or any failure to comply with the any provisions of the **INSERT COMPANY NAME HERE's** Policy on Outside Engagement or Outside could result in disciplinary action up to and including termination of employment.

Acknowledged by Employees:

Employee's Signature

Date

This Disclosure has been Approved by Company Management:

Signature of Employee's Supervisor

Date

CEO or President's Signature

Date