

External Employment Disclosure Form

Employee Name:				
Title:				
Department:				
Nature of Work:				
Period of Engagement: Date	through Date			
Approximate hours per week:				

*Complete rows as needed in table below for each academic term during the period of external employment.

	In-Load		Overloads	
Academic Term	Number of	Number of Credits	Number of	Number of Credits
	Courses		Courses	

I understand that external employment may not be undertaken on that portion of time covered by federal grants or contracts.

I certify that there will be no conflict of interest between this external employment and my responsibilities as an employee of Arkansas Tech University. I also certify that this external employment will be conducted at no expense to Arkansas Tech University.

If resources of Arkansas Tech University will be utilized during my external employment, I will attach an MOU for external employment.

Acknowledgements:

Department Head Signature	Date
Dean Signature	Date
Vice President for Academic Affairs Signature	Date