

ACTIVITIES REQUIRING APPROVAL ON THIS FORM

- Non-university activities conducted either during or outside of designated work time that present a potential conflict of interest.

For activities involving participation in commercialization of University Research, please see Guidelines Governing Faculty and Staff Participation in Companies Commercializing Their University Research

For further information, please refer to the Human Resource Policy 1.30, Conflict of Interest and Work Outside the University. For assistance and consultation on use of this form please contact the Office of Human Resources, Consulting Services or the Office of Legal Affairs.

Approval signatures are required BEFORE you begin the activity.

TO BE COMPLETED BY EMPLOYEE:

Name: _____ Date: _____

OSU Department: _____

External Organization Name: _____

Activity: _____

Dates of Activity: _____ Hours of Activity: _____

Describe your involvement:

This activity is: _____ Compensated _____ Non-Compensated

Please circle yes or no for the following:

Will your activity generate intellectual property? Y N

Will this involve work during your scheduled work hours? Y N

Use of University supplies/equipment/space/intellectual property? Y N

If Yes, please describe:

Please read the following and sign below:

I UNDERSTAND THAT WHILE ENGAGED IN AUTHORIZED EXTRAMURAL ACTIVITIES I REMAIN RESPONSIBLE FOR THE PERFORMANCE OF ALL MY ASSIGNED DUTIES AND RESPONSIBILITIES WITHIN THE UNIVERSITY.

Employee Signature

Date

STAFF EXTRAMURAL ACTIVITY REPORTING FORM (cont'd)

TO BE COMPLETED BY MANAGER:

1. Does a potential conflict of interest exist? _____ yes _____ no

If yes, please describe:

2. Can this be managed to eliminate any Conflict of Interest? _____ yes _____ no

If yes, please describe:

3. How will this situation be monitored? Please be specific and include name of responsible parties.

This activity is: _____ Approved _____ Not Approved

Manager or Department Chair Signature _____ Date _____