



**ENGAGING IN OUTSIDE PROFESSIONAL ACTIVITIES APPROVAL FORM
COLLEGE OF HEALTH AND HUMAN DEVELOPMENT**

Purpose: This form is used by full-time faculty of the College of Health and Human Development to request and document prior written approval of certain outside professional activities described in the [Guidelines](#) consistent with Penn State Policy [AD77](#).

Instructions: This form is to be completed by the full-time faculty member requesting prior approval for outside professional activities and submitted to the department head, school director, or center director at least four weeks prior to engaging in the activity. The academic unit head or center director shall review this form and indicate approval of the described activity by signature below. The original form shall be maintained by the department/unit head for a period of three (3) years. Approval is required **BEFORE** you may engage in the outside professional activity described below. If more than one entity is involved, please use a separate form for each entity.

Your Name: _____

Unit: _____

Complete the following for all activities:

Entity (e.g. university, company or agency) for which you will be performing the Outside Professional Activity:

Briefly describe the entity for which you be performing the Outside Professional Activity:

Describe the nature of the Outside Professional Activity requiring pre-approval that you will be providing :

Do you have a contract or consulting agreement with the entity described above? Yes No
If yes, you must also review Penn State policy [AC80**](#).

Does your Outside Professional Activity involve work to be performed by Penn State students or staff members? Yes No

If yes, list the names of all students and/or University staff members whom you will engage in the Outside Professional Activity and their positions within the University. For students, please indicate if you are the advisor:

Describe the activities the students and/or staff will be performing and include an estimate of the number of hours each individual will spend on the activity per month: (Please note that staff members are not permitted to perform these activities during University work hours or using University resources.)

APPROVAL OF THE PERSON(S) DESIGNATED BELOW IS/ARE REQUIRED BEFORE FACULTY MAY ENGAGE IN THE OUTSIDE PROFESSIONAL ACTIVITIES DESCRIBED HEREIN:

Department/Unit Head signature: _____ Date: _____

Please check one: I approve: I do NOT approve

Comments:

REMINDER: Completed and signed forms should be maintained by the Department/Unit Head for a period of three (3) years.