Purpose: This form should be completed by USG residents seeking paper oval to engage in compensated outside activities that relate to their expertise or responsibilities as a USG peroyee. Such attivities include consulting, teaching, peaking, and participating in business, pofessional, or service enterprises. Completed forms should be forwarded to the USG Office of Ethics and Compliance at the email address provide debow. An electronic ignature may be used. Alternatively, a hard copy may be printed, signed, and sent via email.

USG OfficefcEthics & Compliance usgcompliance@usg.edu (404)962-3034

The Office of Ethics and Compliancewill review proposed compensated outside tavities in consultation with the LSG Office of Legal Affairs and will note any concerns that should be addressed. Final approval for repensated outside activities for USG Presidentsil Who e made by the Chancellor. Final approval for rempensated outside activities for drect reports of a USG President and those with a title of Vice President or equivalent will be made by the USG President.

Policy Requirement: In accordance with BOR8.218.23 Compensated Outside Activities of Faculty and Staff, each USG employee with a workmomitment of 30 or more hours or week and faculty on contracts on ine months or more must obtain written approval in advance from the institution President or designee prior or engaging in compensated outsidectivities that relate to the employee's expertise or responsibilities as a USG employee. System Offine office and USG Presidents must obtain approver the Chancellor or the Chancellor's designee.

Name: _	 	 	
Title:			

Please provide the information requested b Zelow:

- 3. Is the organization a for-profit organization? Yes No
- 4. To your knowledge, does the organization receive federal funding as it relates to the work you would be performing? Yes

10.	Will you receive a Yes No	nything of value f If yes, please ch	_		s activity?	
	Salary Honoraria Consulting Fee Expense Reimb Hourly Wages			Loans Travel costs Gifts or other t Royalties Other	hings of value	
	Provide additiona	l details, to includ	le amounts, f	requency, etc. c	of anything of va	ue to be received
11.	Do you have any i Yes No	ntellectual prope If yes, please pr	•		ed to this organi	zation?
12.	Will students, inte	-			USG employees ise provide relev	•
13.	Is the organization Yes No	n related in any w If yes, please pr	•	•	search in which y	you are involved?
14.	Will any USG proporganization?	perty or resources Yes No		ne execution of y e provide releva	•	ith this

15. What is your estimated annual time commitment for this organization in number of days per year,

	? Yes	No	Please explain
I hereby swear or affirm that the information provided belov knowledge.	v is true and c	orrect to	o the best of my
Institution President's Signature		ate	
To be completed by authorizing representatives:			
Review by Office of Ethics & Compliance and Legal Affairs:	Completed		
	ľ		
Review by USG Chancellor:			
Approved Approved with below-listed restrictions Disapproved			
Approved Approved with below-listed restrictions			
Approved Approved with below-listed restrictions Disapproved			
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