Michigan State University

OUTSIDE WORK FOR PAY/OVERLOAD PAY

Name ___________________________ ___________________________ ___________________________ Date 1/3/2013

Last, First, Middle

Position/Rank ___________________________ Title (if any) ___________________________

Primary Department Name Code Second Department Name Code Other Department Name Code Other Department Name Code

Primary College Name Code Second College Name Code Other College Name Code Other College Name Code

☐ OUTSIDE WORK FOR PAY

1. This work will be performed for ___________________________ (name of firm, agency, etc.)

during the period* from _______________ through _______________ and will involve an estimated

total of ______ days during the period specified.

☐ This work will be performed for an entity or individual for which or whom University research has also been conducted.

2. General description of work:

________________________________________________________________________

________________________________________________________________________

3. Explanation of how the work will enhance the faculty member’s expertise as a teacher and scholar in his/her discipline:

(not required for work performed during non-duty periods)

________________________________________________________________________

________________________________________________________________________

4. Indicate whether the work will involve any of the following:

☐ Use of University facilities, supplies, materials or equipment.

☐ Use of University intellectual property.

☐ Use of University employees.

☐ Participation by or payment to University students.

☐ Research involving animals, human subjects, or radioactive, hazardous or other regulated materials.

If any of these boxes are checked, additional information must be provided prior to approval.
5. Indicate, to the best of your knowledge, whether the work will do any of the following:

☐ Delay or otherwise impede the future publication of research by the faculty member, another University employee, or a University student.

☐ Involve the creation of intellectual property.

☐ Compete with functions, products, or services offered by the University.

*If any of these boxes are checked, additional information must be provided prior to approval.*

☐ OVERLOAD

1. This work will be done for______________________________,
Department Name Code College Name Code
during the period* from _______________ through _______________ and will involve an estimated total of __________ days during the period specified.

☐ Yes ☐ No The work to be performed is covered under the Union of Non-Tenure Track Faculty (UNTF) contract.

Description of Overload Work

Employee’s Signature ____________________________ Date

*Outside work for pay performed during non-duty periods does not require the approval of the Chairperson/Director or Dean/Separately Reporting Director.*

Primary Chairperson/Director Date Second Chairperson/Director Date Other Chairperson/Director Date

Primary Dean/Adm. Head Signature Date Second Dean/Adm. Head Signature Date Other Dean/Adm. Head Signature Date

1. This form must be initiated by the faculty member and approved by the Chairperson/Director and Dean/Separately Reporting Director before the outside work assignment or overload assignment is authorized.

2. The Chairperson/Director and Dean/Separately Reporting Director shall each retain a copy of the form.

* The beginning and ending dates on any one form must be in the same fiscal year. If the consulting/overload period extends into another fiscal year, a new form should be filed at the beginning of the new fiscal year.