

Name _____ Date _____
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.
(such as University owned patents, copyrights, trademarks, or proprietary information)
- 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.

I agree that this work will be done in conformity with the MSU Board of Trustees Policies on Outside Work for Pay and/or Overload Pay. I further agree that the information provided on this form is accurate and that I will immediately advise my direct supervisor of any subsequent change which makes any of the information inaccurate.

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