

# FORM OA-1

## REQUEST FOR APPROVAL OF OUTSIDE ACTIVITY



**AUGUSTA**  
UNIVERSITY

Submit in advance of an employee's engagement in an outside activity as required by AU Policy

EMPLOYEE INFORMATION		
Name		
College/Unit Name		
Department		
Academic Rank/Title		
SPONSOR INFORMATION		
Include the name and the address of responsible person(s).		
Organization Name		
Address		
Point of Contact		
ACTIVITY INFORMATION		
Location where services will be performed	<input type="checkbox"/> Virtually (from on-campus or other location) <input type="checkbox"/> Offsite Location	
Will any University resources be required? (e.g., copier, email, PC, administrative support, lab facilities, travel, per diem, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes' is selected, describe and attach a plan for reimbursing the institution for these.
Nature of Proposed Activity		
Estimated time involved	of days	of hours
Time Period Covered	Start Date:	End Date:
Will work be performed entirely outside of usual working hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the sponsoring organization cover expenses? (e.g., travel, per diem)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated at \$_____.
Compensation Amount	<input type="checkbox"/> None <input type="checkbox"/> \$_____ to employee	<input type="checkbox"/> \$_____ to AU/AURI/Foundation <input type="checkbox"/> \$_____ to Other: _____
Honorarium Amount	<input type="checkbox"/> None <input type="checkbox"/> \$_____ to employee	<input type="checkbox"/> \$_____ to AU/AURI/Foundation <input type="checkbox"/> \$_____ to Other: _____
Other Income Expected	<input type="checkbox"/> None <input type="checkbox"/> \$_____ Royal to employee	<input type="checkbox"/> \$_____ to Other: _____
Based on the AU Policy and the attestation as to the nature of the work and related compensation, etc., I, employee named above, believe this activity qualifies as an:		
<input type="checkbox"/> Outside Activity – Compensated <input type="checkbox"/> Outside Activity – Clinical Practice <input type="checkbox"/> Outside-Activity – Uncompensated		
Based on the AU Policy and the stated limitations on the number of days permitted for Outside Activities or the combination of previous Outside Activities and Off-Campus Activities, this request:		
<input type="checkbox"/> Exceeds the stated limitations, therefore, I am requesting an exception to the policy (Requires EVP approval)		
Employee Signature		
Section Chief Approval (if applicable)		
Chair/Director Approval		
Dean/VP Approval		

Note: Annual Leave must be submitted upon approval when applicable.