

OREGON INSTITUTE OF TECHNOLOGY

**Outside Activity Approval Request
Policy No. OIT-23-070**

Name _____ **Date** _____
Print or Type

Department _____

Description of Activity _____

Nature of Relationship (Employee, Consultant, Contractor, etc.) _____

Estimated Number of Hours Per Week (Monday through Friday, 8-5) _____

Expected Benefit to Entity, Faculty Member and Institution _____

Location of Activity _____

Employer or Client _____

Will you require the use of any institutional facilities, equipment, or support personnel?
Y Yes Y No If yes, describe _____

In what form will you be paid; equity ownership, cash, other? Describe. _____

Faculty Member Signature _____

Approval: _____
Dean of School **Date**

Provost or Vice President for Finance and Administration **Date**

