



Name : _____
 Title : _____
 Department : _____
 Date : _____

**ANNUAL REQUEST FOR OUTSIDE EMPLOYMENT
 FISCAL YEAR 20__**

A new form is required for each contractual outside employment opportunity. Attach personal consulting agreement.

I request permission to participate in the following outside employment _____
 _____ while on the payroll of Wake Forest University Health Sciences or North
 Carolina Baptist Hospital. Per the Conflict of Commitment and Conflict of Interest Policy, I understand
 outside employment to include:

- a. Employment or consulting for an entity outside WFBMC; or
- b. Receipt from an outside source of a regular retainer fee or salary; or
- c. Regular or periodic involvement with a business, company, or other outside activity in which I have a principal interest in which my involvement relates to my Institutional professional/scholarly discipline or duties, or with a Foundation or other non-profit organization in which I am an officer, board member, or other responsible official.

1. Nature of duties to be performed: _____

2. Number of **hours** expected to spend for above activity: Monthly _____ Fiscal Year _____

3. Additional Information:

- a. I have active WFUHS research grants or contracts, or non-sponsored research projects, related to this outside employment or consulting: No Yes
 If YES please describe: _____
- b. I have existing WFUHS intellectual property on which I am an inventor or of which I am aware, directly or indirectly relates to this outside employment or consulting: (OTAM Required) No Yes
 If YES please describe: _____
- c. Intellectual property will result from this outside employment or consulting: (OTAM Required) No Yes
 If YES please describe: _____

I certify that the outside employment being requested is consistent with all applicable Institutional policies, rules and regulations and understand that a Travel Authorization Form is required for each trip, regardless of the funding source.

 Individual Signature/Date

APPROVALS

 Department Chair/Director or VP

 Dean/CEO
 WFBMC (When indicated above)

 Director
 Office of Technology Asset Management (OTAM)
 (When Indicated Above)

 Other
 (If applicable)

FORWARD A COPY OF FULLY EXECUTED AGREEMENT TO THE MEDICAL CENTER CONFLICT OF INTEREST OFFICE
 See policy COC and COI Policy, Section V.B. for reference