OLD DOMINION UNIVERSITY
REQUEST FOR OUTSIDE EMPLOYMENT

Submit the completed form to your department chair. You must get permission from your chair and dean. You must submit a separate form for each activity.

1. Faculty Member: ____________________________________________________________

2. Department: _________________________________________________________________

3. Firm/Agency for which outside activity will be performed: _______________________
   (a) Name and address of the firm: _____________________________________________
   (b) Telephone Number: ______________________________________________________
   (c) Contact Person: __________________________________________________________

4. Duration of Outside activity: From: ____________________ To: _____________________

5. Average Hours per week you will work on this project: ___________________________

6. Description of the specific activities expected of the faculty member by outside firm/agency. (Attach the contract of other written agreement including e-mails.)

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

7. If the source of funding for the project is directly or indirectly from a local, state or federal government agency, indicate the funding agency and contract number. (This does not apply to research through ODURF or credited to Leger 5 Accounts.)

   __________________________________________________________________________
   __________________________________________________________________________

8. Description of expected use of University facilities (including average number of hours of use per week): 
   (a) Telephones: _____________________________________________________________
   (b) Computers and/or e-mail system: __________________________________________
   (c) Copying Machines: ______________________________________________________
   (d) Student Assistance (identify by name and expected assignment): _______________
   __________________________________________________________________________
   __________________________________________________________________________

9. Does this outside activity require the use of University facilities other than those described above? ____________________________
   If yes, describe: ____________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

____________________________________________________________________________

Faculty Member                                      Date

____________________________________________________________________________

Department Chair                                    Date

____________________________________________________________________________

Dean                                               Date