

***SOUTH GEORGIA COLLEGE***  
**OUTSIDE ACTIVITIES REPORT FORM**

This form is to be completed by all South Georgia College full-time personnel in fulfillment of policy requirements of the Board of Regents Personnel Policy Manual, Section III-S&T and South Georgia College's Classified Personnel Policies and Procedures Manual.

**Section 1: Outside Activity Verification**

\_\_\_\_\_ I am not presently engaged in any outside activities for profit or compensation or which would interfere with the performance of my duties at South Georgia College. Should I consider undertaking such activities, I will submit proper notification and request for approval.

- **Sign below and submit to supervisor. (Supervisor: Sign and date below to indicate receipt of information and forward to the Human Resources Department)**

\_\_\_\_\_ I am presently engaged/desire to engage in outside activities for profit or compensation. I am aware of the regulations governing outside employment/activities and agree to terminate either the outside employment/activities or my employment at South Georgia College should such outside activity interfere with the performance of my duties as a full-time employee or violate the policies established by the College. I shall also promptly inform my Supervisor of changes in any outside activity for which I receive approval.

- **Sign below and complete Section 2, forward to Supervisor for approval. (Supervisor: Sign and date below to indicate receipt of information. Review outside activity information and complete Section 3)**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Section 2: Outside Activity Information**

Nature of Activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of Activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Extent of Activity (days/hours): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 3: Recommendation of Outside Employment/Activities**

**Supervisor:** Indicate recommendation and forward to appropriate Vice President.

\_\_\_\_\_ Approve

\_\_\_\_\_ Deny

The justification for this recommendation is as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Vice President for Business Affairs:** Indicate recommendation and forward to the Human Resources Department.

\_\_\_\_\_ Approve

\_\_\_\_\_ Deny

\_\_\_\_\_  
Vice President for Business Affairs

\_\_\_\_\_  
Date