

External work conducted during or outside of designated work time that presents a potential conflict of interest or ethical concern must be approved by using this form. Approval signatures are required **before** the activity is begun. Additional information and instructions are found on page 2.

External work cannot begin until (a) the university has a full understanding of the activities to be pursued, (b) the approval has been issued and (c) a plan has been implemented to eliminate the conflict, if necessary. External work will not be approved if the conflict cannot be eliminated.

**SECTION 1: TO BE COMPLETED BY EMPLOYEE (include attachments as necessary)**

Employee's Full Name: First M.I. Last Date

Ohio State Department External organization name

Provide full details regarding the external work:

Dates and hours of external work:

Describe your involvement:

This work is:  Compensated  Non-compensated

**Indicate yes or no:**

Will your work generate intellectual property?  Yes  No

Will it involve work during your scheduled work hours?  Yes  No

Will it use any university supplies/equipment/space/intellectual property?  Yes  No

If yes to any of the above, please describe/explain:

The following steps have been taken to protect intellectual property rights derived from my university duties and/or my participation in the listed activities:

Attach copies of proposed contracts, letters of engagement, consulting agreements or other documents related to the proposed external work.

I understand that while engaged in authorized external work, I remain responsible for the performance of all my assigned university duties.

Employee Signature

Date

**SECTION 2: TO BE COMPLETED BY MANAGER OR COLLEGE/UNIT REPRESENTATIVE**

Does a potential conflict of interest exist?  yes  no (if no, skip to approval signature)

If yes, please describe the potential conflict of interest:

Can this issue be managed to eliminate any conflict of interest?  yes  no

If yes, please describe how the conflict of interest will be managed:

Describe how the situation will be monitored and how and when the plan to manage it will be reviewed and updated. Be specific and include names of responsible parties:

This activity is:  Approved  Not approved

\_\_\_\_\_  
Manager or college/unit representative signature

\_\_\_\_\_  
Date

Refer to [Conflict of Interest and Work Outside the University](#), Policy 1.30.

For assistance with this form, contact Human Resources [Employee and Labor Relations](#) or the [Office of Legal Affairs](#).

For activities involving participation in commercialization of university research, see [University Rule 3335-13-07 Governing Faculty and Staff Participation in Companies Commercializing Their University Research](#) and the [Policy on Patents and Copyrights](#).

For information regarding ethics, refer to your unit's Code of Ethics and the Ohio Ethics Laws covering faculty and staff: [Chapter 102](#) and [Section 2921.42](#) of the Ohio Revised Code.

The assessment and approval process may be delayed if the activity requires review by offices such as Legal Affairs, Technology Commercialization and Knowledge Transfer, etc.