

**SCHOOL OF MUSIC
REQUEST FOR APPROVAL TO ENGAGE IN OUTSIDE ACTIVITY**

NAME OF FACULTY MEMBER: _____
(please print)

NAME AND ADDRESS OF SPONSORING ORGANIZATION: _____

DESCRIPTION OF OUTSIDE ACTIVITY (be as complete and specific as possible; avoid abbreviations; attach sheet if additional space is required)

1. **Would this outside activity involve compensation over and above out-of-pocket expenses?**

(Circle One) YES NO

2. **CLASSROOM SUBSTITUTION (Circle One)**

a. No classes would require substitute instruction.

b. Substitute instruction would be required in the following classes
(list course number, hour and location along with substitute instructor's last name).

The alternative arrangements for covering these classes have been approved by the Associate Director in a memorandum on file in the department.

3. **TIME PERIOD AND AMOUNT OF TIME REQUIRED FOR OUTSIDE ACTIVITY:**

This activity would begin _____ and end _____

and involve the following amount of time: _____

My engagement in this outside activity will not interfere with the regular and punctual discharge of my official University duties and responsibilities.

SIGNATURE OF FACULTY MEMBER REQUESTING APPROVAL

DATE

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FOR OFFICE USE ONLY
(Circle One)

RECOMMENDED: I approve this activity as described and presented herein.

NOT RECOMMENDED: I do not approve this activity.

Reason: _____

Director

DATE