

Compensated Outside Scholarship Activities Disclosure and Pre-Approval Request



In accordance with section 6.0 of the University Ethics Policy [EP45](#), I am hereby requesting approval prior to engaging in the following activities.

WSU1515-CRM-1222

Description of outside activities (including the nature, location, requirements, and expected duration). List each separately. For multiple occurrences or instances of the same or substantially similar activities, it is acceptable to list them as a group (i.e., as a single item with sample locations and a date range).

Brief explanation of how the compensated outside activities align with University, departmental, or college expectations to produce, publish, and disseminate scholarship. (Typically set forth in promotion and tenure criteria or the faculty position description.)

List any University facilities or resources intended to be used for these activities that are not included in section 6.2 of EP45 (Acceptable Uses of University Resources), including frequency, duration, and estimated cost or value. **Note:** Uses beyond those set forth in section 6.2 must be individually approved by your supervisor, after consultation with the [Ethics Compliance Advisor](#). *Supervisor's Initials:* _____

Signature and Certification

I understand that the activity/activities listed above will be reviewed by my supervisor on an annual basis and must be included in the annual report required under [BPPM 60.44](#). I understand that compliance with the Ethics in Public Service act is my personal responsibility, and that this pre-approval does not negate the need for compliance with other applicable laws and University policies. I further understand that this approval applies only to the activities listed above and only within the scope and duration specified above. The University reserves the right to revoke this approval with respect to any activity at any time without notice.

Requester Signature: _____ Date: _____

Activity Approved by Chair/Director/Other Supervisor:

Signature

Print Name/Title

Date

Form distribution: Approver maintains original completed form. Distribute copies to the Requester, Ethics Compliance Advisor, Compliance and Risk Management, and Office of the Provost.