OREGON INSTITUTE OF TECHNOLOGY

Outside Activity Approval Request Policy No. OIT-23-070

Name Date_	
Print or Type	
Department	
Description of Activity	
Nature of Relationship (Employee, Consultant, Contractor, et	·
Estimated Number of Hours Per Week (Monday through Frid	
Expected Benefit to Entity, Faculty Member and Institution _	
Location of Activity	
Employer or Client	
Will you require the use of any institutional facilities, equipme ☐Yes ☐No If yes, describe	, <u> </u>
In what form will you be paid; equity ownership, cash, other?	
Faculty Member Signature	
Approval: Dean of School	Date
Dean of School	Date
Provost or Vice President for Finance and Administration	Date