



LAMAR INSTITUTE OF TECHNOLOGY
Request for Approval of Outside Employment/ Dual State Employment

Member The Texas State University System

Name _____ Department _____

Date of Outside Employment: Beginning _____ Ending _____
(No later than end of fiscal year)

Nature of Outside Employment (if Outside Employment involves another State agency, name the agency):

During this period, how many hours in the average month will you be involved in this outside employment?

When and where will this work typically be done? _____

(IF NECESSARY, ATTACH ADDITIONAL SHEETS DESCRIBING OTHER OUTSIDE EMPLOYMENT.)

Will LIT resources be used? Yes No (If Yes, please explain.) _____

I certify that the outside employment described in this request is in full compliance with the guidelines outlined in Chapter V of *Rules and Regulations* for The Texas State University System.

 Signature of Employee Making Request _____
Date

| | Approver Signature | Date Signed | Approval Recommended | Disapproval Recommended |
|--|---------------------------|--------------------|-----------------------------|--------------------------------|
| Supervisor | | | | |
| Department Chair or Director (if staff) | | | | |
| Dean of Instruction (if faculty) | | | | |
| VP or President | | | | |