OUTSIDE WORK APPROVAL FORM

Staff Number: _____   Position: _____

Family Name: _____   Other Names: _____

Faculty/Office: _____   Department: _____

Approval is sought for the following outside employment as defined under Clause 4.11 of the *Macquarie University Enterprise Agreement (2010)* on the following basis:

- The work will not affect the satisfactory performance of my normal responsibilities;
- I will not use University resources without prior approval and without full compensation to the University;
- The principles of the competitive neutrality are observed and a subsidised service is not provided to the other University/Department body;
- Where relevant, my activities are included in the research data collection to earn research quantum (or its equivalent) for the University;
- The activity does not harm the reputation of the University;
- The University will not have vicarious liability in any legal action;
- The activity does not create a conflict of interest for me.

Proposed outside work (work and total hours):

Name and Type of Organisation	Nature of outside work	Dates From and To	Estimated No. of Hours
		__ /__ / __ to __ /__ / __	
		__ /__ / __ to __ /__ / __	

Planned overload teaching (units and total hours as calculated in workload models):

Nature of Overload Teaching (lectures, tutorials, marking, consultancies etc.)	Estimated No. of Hours

Signature of Staff Member: _____   Date: ___ / ___ / ____

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Approval of the Supervisor:

☐   In my opinion the outside work will not affect the performance of the staff member's normal duties at the date of this approval.

OR

☐   In my opinion the outside work will affect the performance of the staff member's normal duties as follows:

_____

_____

_____

The extent to which the outside work affects the performance of the staff member's normal duties will be evaluated from time to time through the performance management process.

Any future requests for the approval of outside work will be assessed on the basis of continued satisfactory performance of his/her normal duties.

Supervisor Approval: _____ _____ Date: ___ / ___ / ____
                              (Print Name)   (Signature)

Approval of the Executive Dean/Director:

☐   I hereby approve the outside work as set out above on the following conditions:

_____

_____

_____

_____

OR

☐   The outside work is not approved, on the following grounds:

_____

_____

_____

Signature of Executive Dean/Director: _____ Date: ___ / ___ / ____