TUSCULUM UNIVERSITY

HUMAN RESOURCE POLICY

Outside Employment					
Reference Number	Board Approval	Effective Date	Page		
10.00 Forms	10/2006	07/01/2018	1 of 1		

producing activity be	completed by any full-time yond the regular Tusculum U tional copies of this form, if	Jniversity contract du	iring the academic year.	
Name:				
Approximately how ma	ny hours do you devote to this	activity each week?		
List the weekly schedul	e of your outside employment b	pelow:		
Work Day(s)	Work Hour(s)	Work Day(s)	Work Hour(s)	
List the name of your o	utside employer and the location	n of your outside emplo	oyment activity below:	
Employer:				
	Street	City	State Zip	
Telephone ()				
Employee Signature		Date		
activities of faculty me	ne Vice President of Academic mbers who are under full-time you after your outside employing	appointment to Tuscul	um University. A copy of thi	
Printed Name of Dean/I	Director			
Signature Dean/Director		Date		_
Printed Name of Vice P	President of Academic Affairs			
Signature Vice President of Academic Affairs		Date		
Explanation and/or	comments:			