

Non-Exempt Employee Approval Form for External Over-Time Employment

This form must be completed by non-exempt employees prior to work on an external project (e.g., grants or contracts) that exceeds normal university work hours and that may present a potential conflict of interest or ethical concern to the institution. When external activities, such as an agreement for consulting or work on a project, exceed the permissible limits or when professional loyalty is not to the university, this is considered a conflict of interest. For more detail information see references on page three of this form.

Section I: To Be Completed By Non-Exempt Employee

Non-Exempt Employee's Full Name

First Name	MI	Last Name	Date	NMHU Employee ID#
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NMHU Department/Office where currently employed	Department/Office Manager/Supervisor
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Name of Project for External Work	Name of Project Director/PI
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Position Title in the Project	List year(s) external project is funded
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List days and time(s) you will be work on the external project
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Provide detail description of your work responsibilities regarding the external project.

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Indicate yes or no to the following questions:

1. Will your work generate intellectual property? Yes No
2. Will it involve work during your scheduled work hours? Yes No
3. Will it use any of the university:
 - Supplies? Yes No
 - Equipment? Yes No
 - Space? Yes No
 - Intellectual property? Yes No

If you indicated **yes** to any of the above questions, please **describe/explain the circumstance(s) for each:**

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If you indicated yes to any of the above questions, describe the **steps that will be taken to uphold and avoid conflict** in your regular university staff duties during your participation in the external project.

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Attach copies of proposed consulting agreement, contract, letters of engagement or other documents related to the proposed external work.

Section II: Employee Certification and Terms

1. I understand that I shall conduct my external project responsibilities in a manner that does not detract from the performance of my duties and responsibilities to the university and shall not engage in any external work that may result in a conflict of interest unless prior authorization has been obtained and/or steps taken to uphold and avoid such conflict.
2. I understand that the amount indicated in the external project proposal adjustment is subject to the overtime provision of the Fair Labor Standards Act, allows for time-and-a-half computed based on my base salary and will be paid bi-monthly through the university's regular payroll process. It is further understood that this adjustment is included in salary calculations for retirement (ERB).
3. I understand that this external work is a temporary pay adjustment, is discretionary, and may be discontinued at any time.
4. I understand that no aspect of this adjustment is grievable or appealable, except for discrimination.
5. I understand and agree to these terms and conditions.

Employee Signature		Date	
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Section II: To Be Completed By Employee's Manager/Supervisor

Does a potential conflict of interest exist with the employee's proposed external activities? Yes No

If yes, please describe the potential conflict of interest:

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Can this issue be managed to eliminate any conflict of interest? Yes No

If yes, please describe how the conflict of interest will be managed:

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Describe how the situation will be monitored and how and when the plan to manage it will be reviewed and updated. Be specific and include names of responsible parties and dates:

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Section III: Authorization Signatures

This activity is: Approved Not Approved Approved w/ Modifications

External Project PI/Director Signature <i>(for Section I only)</i>	Date

Print/Type Name		Date	
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This activity is: Approved Not Approved Approved w/ Modifications

Manager/Supervisor Signature <i>(for Section II only)</i>	Date

Print/Type Name	
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This activity is: Approved Not Approved Approved w/ Modifications

NMHU Human Resource Director Signature	Date

Print/Type Name	
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This activity is: Approved Not Approved Approved w/ Modifications

NMHU Director of the Office of Research and Sponsored Projects	Date

Print/Type Name	
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This activity is: Approved Not Approved Approved w/ Modifications

NMHU Vice President of Academic Affairs Signature	Date

Print/Type Name	
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**Please forward completed and signed form to
Human Resources and the Office of Research and Sponsored Projects**

For policy guidelines on:

- Non-Exempt FLSA Employee refer to Personnel Policies and Procedures Manuel: Section 500.2(2.2)
- External projects refer to NMHU Research Handbook: Section 1.1.
- Secretarial support refer to NMHU Research Handbook: Section 3.3.1.0.
- Encouragement of internal staff consultation refer to NMHU Research Handbook: Section 3.7.1. #11.
- Requirement for written permission if greater than 20% refer to NMHU Research Handbook: Section 3.7.1#1.

For assistance with this form, contact the Human Resources Department or the Office of Research and Sponsored Projects.