

SHORTER UNIVERSITY
Faculty External Activities Form

Instructions: Please complete this form and send it to your departmental chair's office to begin the approval process.

Name:

School/Department:

Date:

In compliance with the Shorter University Handbook, I request permission for my involvement in the following consulting and/or off-campus employment activities. I have read and agree to abide by the policy prohibiting the use of Shorter University facilities, equipment, or supplies in my outside activities. I understand and agree that Shorter University assumes no liability whatsoever for any injury, costs, claim or harm associated with the employment activities requested below. I further understand and agree that in the event that my activities requested below result in a legal liability, or constitute prohibited or illegal activity, I agree to hold Shorter University harmless and to indemnify Shorter University for any injury, costs, claim or harm that may accrue to the university as a result of said activities.

| Description of Employment Activity | Hours Per Week |
|------------------------------------|----------------|
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Faculty Member's Signature **Date**

Department Chair's Signature **Date**

Dean's Signature **Date**

Provost's Signature **Date**