University of California, Los Angeles PRIOR APPROVAL FORM FOR OUTSIDE ACTIVITIES (CATEGORY I)

Before engaging in any Category I Outside Professional Activity, you must obtain prior approval from the Vice Chancellor-Academic Personnel. Complete a separate form for each entity for which you wish to engage in Category I Outside Professional Activity, and submit to your Department Chair and Dean for the necessary signatures and then to the Academic Personnel Office. For additional information see <u>APM 025</u>, <u>APM 671</u> and <u>The UCLA CALL</u>, <u>Appendix 19</u>.

Name (Last, First, Middle Initial)	Employee ID No	University Title	
Department	School	□ Academic Year	□ Fiscal Year

OUTSIDE ACTIVITY

Categ	ory 1 Outside Professional Ac	tivities in which you will be involved (check all that apply):		
	Executive/Managerial Role			
	Active or Sustained Involvemen	t in Founding or Co-founding a Company		
	Salaried Employee			
	Outside Teaching			
	Research Activity through an O	utside Entity including administration of a contract or grant through an entity other	er than U	C.
	Other Demanding Professional	Activities Likely to Interfere with Obligations to the University		
		nt to determine whether a prior approval is required for this outside activity.		
	Involving a Student of Yours in	Category I or II Outside Activity		
Name	of outside entity:			
Webs	ite of entity:			
Descr	iption of entity (e.g. business/age	ency/organization/ individual; include activities/ products/services of entity):		
Your	contact at entity (name, title, ema	il address):		
Natur	e of your relationship to entity	named above (check all that apply):		
	Founder/Co-Founder			
	Owner			
	Consultant (1099 Form)	□ I have attached consultant agreement. □ No agreement exists.		
	Teaching	Title at Other Institution:		
	Research	Title at or Relationship to Outside Institution:		
	Board Member			
	Salaried Employee (W-2 Form)	□ I have attached employment agreement. □ No agreement exists.		
	Stockholder/Partnership Interes	it is a second sec		
	Equity/Royalty Interest			
	Other, please explain:			
Dosor	intion of your activities (Include	, if you wish, possible beneficial outcomes to areas of research, industry and public):		
Desci	iption of your activities (include	, il you wish, possible beneficial outcomes to areas of research, industry and public).		
Stude	ont(s) I have or expect to have	academic responsibility (instructional, evaluative, or supervisory) will be	Yes	No
		ide activity or entity (The involvement of a student in the activity must not affect,		
positiv	ely or negatively, the faculty member	's evaluation of the student's performance in any other context. The faculty member must		
	prior written approval from the Depai	,		
If yes,	, please describe the role of the	e student(s) and your academic responsibilities for the student(s):		
1				

CONFLICT OF INTEREST

Have you filed a Conflict of Interest form or otherwise disclosed information with respect to a potential conflict of interest? (See http://ora.research.ucla.edu/RPC/Pages/COI.aspx)		No
If yes, to whom?	1	

COMMITMENT OF TIME

Academic/Fiscal Year(s) for which you seek approval:		(уууу — уууу)	
Time period you expect to be involved in this activity:	(mm/dd/yyyy –	- mm/dd/yyyy)	
Estimated number of days of involvement per Academic or Fiscal Year for which you seek approval: The maximum number of days for Category I and II Outside Professional Activities per year are 39 days for Academic Year appointees and 48 days for Fiscal Year appointees. Faculty on an approved leave without pay are not subject to these time limits.			
For Academic Year appointees ONLY Estimated number of days of involvement during the summer: There are no restrictions on the number of days for Academic Year faculty during the summer months if you do not receive additional University summer compensation.			
Do you plan to take a Sabbatical Leave while engaged in this outside activity? If yes, please attach the approved Sabbatical Leave form.	Yes	No	
Do you plan to take a paid Leave while engaged in this outside activity? If yes, please attach a Leave of Absence form. Per APM 758, if faculty are absent from the campus for more than a week (7 consecutive days), a Leave of Absence form must be completed.	Yes □	No □	
Do you plan to take a full- or part-time Leave Without Pay while engaged in this outside activity? If yes, please attach a Leave of Absence form.	Yes	No	

I certify that the information I provided on this form is true and accurate. If there are any changes to the information in this request, I will submit an amended form. I also understand that in addition to submitting this Prior Approval form, I must file an annual report to the Dean's or Department's Office.

Employee's Signature	Date	
CHAIR/DEAN AUTHORIZATION		
Department Chair's (or Director's) Signature	Dete	
Department Chair's (or Director's) Signature	Date	
Dean's Signature	Date	
VICE CHANCELLOR'S ACTION		
Approval granted through		
Request denied		
	<u> </u>	
Vice Chancellor's Signature	Date	