



**THE UNIVERSITY OF TENNESSEE INSTITUTE OF AGRICULTURE  
REQUEST FOR AUTHORIZATION FOR COMPENSATED OUTSIDE PROFESSIONAL SERVICES**

*Requested by:*

Name:

Date of Request:

Department:

Rank:

Personnel #:

If joint appointment: distribution (%)

Type Appt. 12 month 9 month

Details of the requested compensated outside professional services are:

1. Name and address of individual, firm or business:

2. Brief description of duties/experience in this endeavor:

3. Outline benefits of this activity to UTIA:

4. Amount of time (days/calendar year) to be devoted to this activity (list date(s) if known):

Annual leave \_\_\_\_\_

Weekends \_\_\_\_\_

Compensated work time \_\_\_\_\_

5. Aggregate number of days (including annual leave) already used for compensated outside services this year to date: \_\_\_\_

6. Does this activity utilize any University facilities, equipment, supplies, or support personnel (written approval will be required)? **Yes No**

If yes, describe:

7. Does this proposed activity include the signing of an agreement concerning intellectual property? (If yes, attach a copy of the agreement) **Yes No**

APPROVAL REQUESTED: \_\_\_\_\_  
Applicant Date

APPROVAL RECOMMENDED: \_\_\_\_\_  
Department Head Date

APPROVAL RECOMMENDED: \_\_\_\_\_  
Dean(s) Date

APPROVED: \_\_\_\_\_  
Chancellor (UTIA) Date

A new form is required for each "compensated outside service" request. Approval of this application expires automatically at the end of the calendar year December 31. If the activity will continue beyond December 31, a new application must be filed.)

(Revised 05 16)

**GENERAL GUIDELINES: COMPENSATED OUTSIDE PROFESSIONAL SERVICES**