REQUEST FOR APPROVAL TO ACCEPT EXTERNAL TEACHING EMPLOYMENT DURING THE FALL OR SPRING SEMESTER

Please type or print in ink. After presidential action, a copy of this form will be returned to the Vice President, Dean, Department Chair, faculty member and a record copy sent to the Office of Human Resources.

<table>
<thead>
<tr>
<th>Faculty Member:</th>
<th>ECSU Telephone Extension:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department:</td>
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</table>

Institution of proposed teaching (name):

Address:

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Telephone: Semester of proposed teaching:

Description of the Teaching Assignment: Requests to teach will only be approved when the proposed arrangement would be of extraordinary benefit to both the faculty member and ECSU. This might occur when a faculty member is requested to teach a specialty at a university that would enhance the faculty member’s reputation and bring credit to the department. It might also occur when the faculty member has an opportunity to teach a specialty course not offered by the department (See Agreement Article 10.13).

<table>
<thead>
<tr>
<th>Course:</th>
<th>Level:</th>
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Faculty Member’s Signature: Date:

Comments, if any, by Dean:

Dean’s Signature: Date:

Comments, if any, by Vice President:

Vice President’s Signature: Date:

Presidential Action:

☐ Approved ☐ Disapproved

President’s Signature: Date:

For copy distribution, see above.