

## REQUEST FOR APPROVAL OF OUTSIDE ACTIVITY

1. NAME (Last, First, Initial)		2. ORGANIZATION LOCATION		<input type="checkbox"/> INITIAL REQUEST <input type="checkbox"/> REVISED REQUEST <input type="checkbox"/> RENEWAL
3. TITLE OR POSITION		4. GRADE/SALARY (Federal)		
5. NAME, ADDRESS & BUSINESS OF PERSON OR ORGANIZATION FOR WHOM OUTSIDE SERVICES WILL BE PERFORMED		5. LOCATION WHERE SERVICES WILL BE PERFORMED		
7. NATURE OF ACTIVITY (Indicate type of activity, <i>e.g.</i> , teaching, consultative services, and give full description of specific duties or services to be performed. Specify, when possible, the scheduled days of week and hours of day proposed activity will be performed.)				
8. ESTIMATED TIME INVOLVED  a. PERIOD COVERED FROM _____ TO _____		b. ESTIMATED TOTAL TIME, DEVOTED TO ACTIVITY (If on a continuing basis given estimated time per year)		
c. WILL WORK BE PERFORMED ENTIRELY OUTSIDE USUAL WORKING HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", INDICATE ESTIMATED NUMBER OF HOURS OR DAYS OF ABSENCE FROM WORK _____				
9. DO YOUR OFFICIAL DUTIES RELATE IN ANY WAY TO THE PROPOSED ACTIVITY? <input type="checkbox"/> NO <input type="checkbox"/> YES (Describe)				
10. IF PROVIDING CONSULTATIVE OR PROFESSIONAL SERVICES, ARE YOUR WOULD-BE ASSOCIATES RECEIVING OR WILL THEY SEEK, A GRANT OR CONTRACT FROM A FEDERAL AGENCY? <input type="checkbox"/> NO <input type="checkbox"/> YES (Describe)				
11. METHOD OR BASIS OF COMPENSATION  <input type="checkbox"/> FEE <input type="checkbox"/> HONORARIUM <input type="checkbox"/> PER DIEM <input type="checkbox"/> PER ANNUM <input type="checkbox"/> ROYALTY <input type="checkbox"/> EXPENSES <input type="checkbox"/> OTHER (Specify)			12. WILL COMPENSTION BE DERIVED FROM A CPSC GRANT OR CONTRACT?  <input type="checkbox"/> NO <input type="checkbox"/> YES (Describe)	
13. THIS REQUEST IS MADE WITH FULL KNOWLEDGE OF CPSC STANDARDS OF CONDUCT REGULATIONS ON OUTSIDE ACTIVITIES. THE STATEMENTS I HAVE MADE ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.				
14. SIGNATURE OF EMPLOYEE		15. DATE	16. ADDITIONAL INFORMATION ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO	
17. ACTION RECOMMENDED (COMMENTS, IF ANY, ON REVERSE)				
SIGNATURE – AED or Office Director  <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		TITLE	DATE	
SIGNATURE – Ethics Official  <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> APPROVAL NOT REQUIRED [5 C.F.R. § 8101.103(e)]		TITLE	DATE	
18. ACTION TAKEN (COMMENTS, IF ANY, ON REVERSE)				
SIGNATURE – Executive Director  <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		TITLE	DATE	

**NOTE: Approval is for a period not to exceed two years. Requests for renewal of approval should be submitted prior to the expiration of the period of approval.**

# PRIVACY ACT STATEMENT

Collection of this information is authorized by Executive Order 12674 of April 12, 1989; 5 CFR 735.203; and 5 CFR Part 8101. The information is used by your supervisors and the Ethics Official to determine whether your outside activity constitutes a real or apparent conflict of interest or otherwise interferes with the performance of your Commission duties. The information may also be disclosed to a congressional office in response to an inquiry made at your request or to anyone pursuant to your authorization. Failure to provide this information completely and accurately may subject you to disciplinary action. The information furnished will be maintained in a file maintained by the Agency Ethics Official. The information will be kept confidential and will only be disclosed to Commission officials for the purposes stated above and for other routine uses as described in Privacy Act System CPSC-12, Employee Outside Activity Notices.

## INSTRUCTIONS

An employee considering engaging in outside or other outside activity must complete this form with appropriate recommendations and forward it to the Agency Ethics Official for approval. The term "outside employment or other outside activity" refers to any work, service, or other activity performed by an employee other than in the performance of his or her official duties. It includes such activities as writing and editing, teaching, lecturing, consulting services, self-employment, and other work, with or without compensation.

ITEM 5 – SELF-EMPLOYMENT: If applicable, indicate self-employment, the type of service (*e.g.*, medical, legal, etc.), whether alone or with partners, (giving their names) and, if providing professional services to a large number of clients or patients (*e.g.*, over 10) estimate the total numbers rather than listing them separately.

ITEM 10 – FEDERAL GRANT(s) or CONTRACT(s) INVOLVED: Describe the Federal grant(s) or contract(s) (*i.e.*, purpose, granting or contracting agency, etc.). Full detail must be provided on any aspect of professional consultative services which involves, directly or indirectly, the preparation of grant applications, contract proposals, program reports, and other material which are designed to become the subject of dealings between institutions and state and local government units and the Federal Government.

ITEM 16 – ATTACHMENTS: Be sure to sign copies of all attachments submitted.

ITEM 17 – COMMENTS OF RECOMMENDING OFFICIAL(S)

ITEM 18 – COMMENTS OF ETHICS OFFICIAL