South Dakota State University
Private Practice, Private Consulting, and Outside Employment
Disclosure and Request for Prior Approval

Policies on private practice, consulting, and additional activities of South Dakota Board of Regents (SDBOR) employees are presented in SDBOR policies including sections 4:19, 4:34 and 4:35. These are reflected also in the COHE terms and conditions. Faculty members, who propose to enter into private practice, paid consulting, additional teaching or research, or other activity for which compensation is received from non-university sources, may devote up to but not exceeding four working days per month on such activity during contract period. The activity must be related to assigned responsibilities and must promote state and local economic development or benefit the professional discipline or development of the individual or otherwise, as determined by the institution. Non-Faculty Exempt and Career Service Employees may not be dually employed, or enter into outside activities that may be reasonably viewed to influence the performance of their professional duties, and must receive prior approval from their supervisor for activities which leave is required. Outside activities may not interfere with assigned full-time employment responsibilities. Employees with Extension appointments have special restrictions outside activities that differ from other University employees. Approval of proposed paid activities that present actual or potential conflicts of interest or commitment may be withheld or a conflict management plan may be required. This form must be completed by the individual requesting approval and all approvals must occur before the service to the outside entity can be provided.

INSTRUCTIONS
Complete Step 1 to obtain approval or to disclose prior to contracting for activities. Submit the completed form to your department head who will then route it to the Dean and correct Vice President for execution. Copies of the fully executed form will be returned to the employee and retained in the employee’s personnel file. Employees whose activities involve circumstances that require them to update their SDBOR Conflict of Interest Disclosure must do so within thirty (30) days as required by SDBOR Policy 4:35 and University Policy 4:9 in addition to the requirements of this form.

Step 1: Request Information Provided by Employee
1. Employee Requesting Approval for Outside Activity
Name: _____________________________________________  College or Division: ____________________________
Department or Unit: _______________________________________________________________
Email address: ____________________________________  Phone Number: __________________
Employment Contract Type: ___________________________________________________________
Do you have an appointment with the Extension Service (including partial appointments): ☐ YES ☐ NO

2: Proposed Private Practice, Private Consulting, or Additional Activity
Requesting approval for: ☐ new outside activity, or ☐ continuation or change of previously approved activity
Name of outside organization: _______________________________________________________________________
Address of outside organization:    _________________________________________________________________
        address, city, state, zip
Will the activity involve University/SDBOR intellectual property? ☐ YES ☐ NO
If YES, provide an explanation in the space below

Will you receive financial compensation from the outside entity? ☐ Compensation ☐ No compensation

For the current fiscal year, this request is for _____ hours of university time and/or _____ hours of personal time or annual leave.
The activity will begin on _____________ (date) and end __________________ (date)
Describe the work that will be performed and the location:
For faculty, describe how the activity is related to your assigned duties as well as 1) how the activity will promote state or local economic development, or 2) how it will benefit your professional development [SDBOR 4:19 2(A)].

3: Description of All Activities with Outside Entities
Have you submitted previous requests for outside activities during the current contract period or the immediate previous contract period? □ YES □ NO
If YES, what were the dates of the requests? Date: ________________ Date: ________________
Date: ________________ Date: ________________

For faculty employees, number of hours of University time spent on outside activities cannot exceed 288, 320, and 383 hours per contract period for 9-month, 10-month, and 12-month faculty, respectively.
Indicate the total hours of University time and hours of personal time for services provided or approved to all outside entities for:
The current contract period _______ _______
The previous contract period _______ _______

4: Use of University Facilities and Equipment
Will University facilities, equipment, and personnel be used for the activity? □ YES □ NO
If YES, fees or reimbursements to be paid by you to the University shall include:
Space $______________
Equipment $______________
Services $______________
Supplies $______________
F & A Costs $______________

5: Employee Disclosure of Conflicts of Interest
If a “YES” response is provided for any question, please provide a written explanation in the text box provided.
A. Do you have a fiduciary, consulting, or other financial relationship with a sponsor of University research or other activity? □ YES □ NO
____________________________________________________________________________________

B. Do you have an ownership interest in the outside entity for which this request is for? □ YES □ NO
____________________________________________________________________________________

C. Do you or does any member of your family (your spouse and children) have a managerial role or a significant financial relationship with an organization that does business with the University or with an organization related to your assigned duties? Federal research regulations define “significant” as financial interest exceeding $10,000 or representing more than 5% ownership regardless of dollar value. For employees conducting research that is sponsored by the US Public Health Service (e.g. NIH), the financial interest reporting threshold is $5,000. □ YES □ NO
____________________________________________________________________________________

D. Do you have non-University professional activities or income producing activities involving SDBOR students or employees? □ YES □ NO
____________________________________________________________________________________
E. Do you, or does any member of your immediate family, have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable.

☐ YES     ☐ NO

____________________________________________________________________________________

F. Will the requested activity require your absence from assigned duties; including classes, availability to students, advising students, supervision of employees? Will this activity interfere with or detracts from normal duties expected of you?

☐ YES     ☐ NO

____________________________________________________________________________________

G. Does the requested activity entail providing instructional services outside of the SD Board of Regents system?

☐ YES     ☐ NO

____________________________________________________________________________________

I affirm I understand University and SDBOR policies applicable to Conflicts of Interest and the above information is correct and complete to the best of my knowledge. I understand I have a continuing obligation to notify the University of changes in my conflicts of interest status.

Employee DocuSign Signature: ___________________________________________  Date: _____________

Step 2: Review and Approval of Activities by Immediate Supervisor

This section is to be completed by the employee’s unit supervisor (e.g. department head, dean, director, etc.)

1. This activity is related to externally sponsored research:

____________________________________________________________________________________

2. Does this activity create a significant conflict of interest or commitment for the employee?

____________________________________________________________________________________

3. Will involvement of SDBOR students or employees during their non-University time create a conflict of interest or commitment for those employees?

____________________________________________________________________________________

4. Have other outside activities been requested by this employee?

____________________________________________________________________________________

5. Are future outside activities anticipated for this employee?

____________________________________________________________________________________

Supervisor Recommendation: ☐ I recommend APPROVAL  ☐ I recommend that this request be DENIED

If DENIED, provide an explanation is the space below

_____________________________________________________________________________________________

Department Head DocuSign Signature: ________________________________  Date: ________________
Step 3: Review and Approval by Next Administrative Level (e.g. Dean and/or Vice President)

Deans and Vice Presidents indicate approval or denial of the request below. Approval may also be used to acknowledge disclosures of outside activities during periods that are not included in the COHE contract period.

Should the reported activity be reviewed for a possible management plan? ☐ YES ☐ NO

Dean Docusign Signature: ______________________________ Date: ________________
Provide general comments and explanations for DENIAL in the space below.

Vice President Docusign Signature: ___________________________ Date: ________________
Provide general comments and explanations for DENIAL in the space below.

The request will be forwarded to the Research Compliance Coordinator for review in conjunction with other conflicts disclosures. If no significant conflicts of interest exists and the activity is not detrimental to students and other employees, the Research Compliance Coordinator will forward the request to the VP for Research and Economic Development for final review and forwarding to Human Resources.

Step 4: Review for Conflict Management Plan

Does the reported activity require a conflicts management plan? ☐ YES ☐ NO

Has a conflicts management plan been agreed to? (attach plan to this request) ☐ YES ☐ NO

Compliance-related comments:

Research Compliance Coordinator Docusign Signature: ______________________________ Date: ________________

Step 5: Final Action on Behalf of the University

If DENIED, provide an explanation in the space below

Vice President for Research and Economic Development: ___________________________ Date: ________________

Approved requests will be forward to University Human Resources for placement in the personnel file, notification to the requesting employee, and monitoring compliance with the management plan.