

OUTSIDE ACTIVITIES FORM

Name:	Department: _		
Outside Employer/Organization:			
Number of Days Requested:	Date(s) of Activi	ty (if known):	
Description of Outside Activities*: *Supporting documents may be attached			
EKU Employee Certification: I certify that the information above is correct. I aguinderstand that I am still responsible for giving n		, , ,	-
Signature:	Date:		
Recommendations			
Department Chair/Unit Head	Date	Approve	Disapprove
Decision:			
Dean/Vice President	 Date	Approve	Disapprove