REQUEST FOR APPROVAL OF OUTSIDE ACTIVITY

Part I - EMPLOYEE INFORMATION

1. EMPLOYEE'S NAME (Last, First, MI)		
Naomi Guzman		
2. AGENCY/PROGRAM (Address)	**3. TELEPHONE & E-MAIL**	
1234 Main Street, Washington, DC	Phone: 555-555-5555 E-Mail: ChrisIT@agency.com	
4. TITLE OF POSITION	**5. GRADE/STEP**	**6. SALARY**
Deputy, Chief Information Officer	GS-15	$ 145,758
7. FINANCIAL DISCLOSURE FILING STATUS	☐ **Public (SF 278)** ☒ **Confidential (OGE 450 or other)**	
8. NAME OF IMMEDIATE SUPERVISOR	**9. SUPERVISOR'S TELEPHONE,& E-MAIL**	
Rory Singh-Smith	Phone: 555-555-5555 E-Mail: rsing@agency.gov	

Part II - OUTSIDE ACTIVITY INFORMATION

i. **Nature of Outside Activity** : Indicate the type of activity for which you request prior approval, and describe the specific duties or services to be performed:

a.

- [ ] **Teaching, Speaking, Writing or Editing*** (See note in section b below)
- [ ] **Board Service**
- [x] **Professional or Consultative Activity** (Complete section c below)
- [ ] **Expert Witness**
- [ ] **Other (explain):**

b. **Describe in detail specific duties or services to be performed**:

Provide consulting services to B Corp. regarding implementation of IT security protocols. I plan to train B Corp. staff, draft policies, review existing policies and procedures, and audit IT systems.

*For activities involving teaching, speaking, or writing, provide a syllabus, outline, summary, synopsis, draft, or similar description of the content and subject matter involved in the course, speech, or written product (including, if available, a copy of the text of any speech)

c. **Professional or Consultative Activity:** Complete this section if you will provide personal services directly to multiple clients, customers, or others.

1. **Type of Activity/Business:**

   Consulting for B Corp.

2. **Will you be self-employed/sole proprietor?** [x] **Yes** [ ] **No**

3. **Identify any partners or others with whom you will provide services:**

   None

4. **Estimate the total number of clients, customers, or others, to whom you would provide services during the activity period:**

   1

ii. Outside Employer

a. Name and address of outside employer:

B. Corporation
6110 Executive Boulevard, Suite 305, Rockville, Maryland 20852

b. Nature of business:

For-profit IT contractor

c. Contact person, phone number, and email:

B. Knowles, XXX.555.5555
bknowles@b-corp.com

iii. Compensation and Related Expenses

a. Compensation

1. Will the activity be compensated? [x] **Yes** [ ] **No**

2. Method or basis of compensation (Check all that apply):

[x] **Fee** [ ] **Honorarium** [ ] **Retainer** [ ] **Salary**

[ ] **Advance** [ ] **Royalty** [ ] **Stock** [ ] **Stock Options**

[ ] **Other** (Describe):

[ ] **Non-Travel Related Expenses** (Describe):

3. Compensation amount (Estimated):

$75,000/yr

4. Is Payor the same source as the employer identified above?

[x] **Yes** [ ] **No** (Explain):

b. Travel and related expenses: Indicate whether travel is involved, and if so, whether the related expenses will be at your own expense or provided by the outside employer either in-kind or through reimbursement.

1. Will outside activity require travel?

☐ **Yes** (Check one): ☐ **At own expense** ☐ **In-kind or reimbursed**

☒ **No**

2. If employer is providing travel related benefits, please describe those benefits:

c. Time: Provide details with respect to the duration of the activity.

1. Duration of activity: From: 01/01/XX To: 12/31/XX

2. Estimated time devoted to the proposed activity
(e.g. hours/day; days/week; weeks/year):

Approximately 10 hours/week developing work product and training employees.

3. Will work be performed entirely outside of your normal official duty hours?

☐ **Yes** ☒ **No**

If "no," estimate number of hours/days of leave:

7 days per year.