## REQUEST FOR APPROVAL OF OUTSIDE ACTIVITY

## **Part I - EMPLOYEE INFORMATION**

1. EMPLOYEE'S NAME (Last, First, MI)		
Murillo, Amanda		
2. AGENCY/PROGRAM (Address)	3. TELEPHONE & E-MAIL	
321 A Street, NW Washington, DC 20005	Phone: 202-5 E-Mail: amui	555-5556 rillo@agency.gov
4. TITLE OF POSITION	5. GRADE/STEP	6. SALARY
Research Meteorologist	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 TELEPH	IONE,& E-MAIL
J. Rocnation	Phone: 202-55 E-Mail: jzroc@	

## **Part II - OUTSIDE ACTIVITY INFORMATION**

	X Teaching, Speaking, Writing or Editing* (See note in section b below)  Board Service
	Professional or Consultative Activity (Complete section c below)  Expert Witness
	Other (explain):
b.	Describe in detail specific duties or services to be performed:
	I have been invited to serve as a Councilor for the American Meteorological Society. This position is equivalent to serving on the Board of Directors. I will attend all Council meetings as well as other meetings and Association events throughout my term.  As a research scientist, I will also participate in symposia and peer review articles dealing with meteorological science.
	*For activities involving teaching, speaking, or writing, provide a syllabus, outline, summary, synopsis, draft, or sin description of the content and subject matter involved in the course, speech, or written product (including, if availal of the text of any speech)
	<b>Professional or Consultative Activity:</b> Complete this section if you will provide poservices directly to multiple clients, customers, or others.
c.	
c.	1. Type of Activity/Business:
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	a.	Na	me and address of	outside employer:		
				orological Society		
				et, Boston MA 021	180	
	b.	Na	ture of business:			
			Professional ass	sociation		
	c.	Co	ntact person, phon	e number, and ema	il:	
			B. Knowles, XX	X.555.5555		
			bknowles@ams	s.org		
iii.	<u>Co</u>	mpe	ensation and Relate	ed Expenses		
	a.	Co	mpensation			
			1. Will the activi	ity be compensated	? Yes	X No
			2. Method or ba	sis of compensation	(Check all that apply):	
			Fee	Honorariun	n Retainer	Salary
			Advance	Royalty	Stock	Stock Options
			Other (I	Describe):		
			□ Non-Tra	vel Related Expens	es (Describe):	
			2 Companyation	n amaunt (Estimatas	1).	
			3. Compensation	n amount (Estimated	1).	
			4. Is Payor the s	ame source as the e	mployer identified abov	ve?
			Yes	No (Explain)		

ii.

**Outside Employer** 

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:
The Society will pay for any travel and lodging expenses associated with attending its meetings and Association-related events
<b>Time:</b> 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):
<u> </u>
(e.g. hours/day; days/week; weeks/year):  Approximately 30 business days/year attending meetings and Association-
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(e.g. hours/day; days/week; weeks/year):  Approximately 30 business days/year attending meetings and Association-related events.  3. Will work be performed entirely outside of your normal official duty hours?
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