

Exhibit 1

Chattanooga State Community College Request for Authorization for Outside Professional Employment and Continuing Business Activity

This form should be submitted 30 days prior to the commencement of the outside employment. Should a request for authorization be denied, an appeal can be made to the President of Chattanooga State. All decisions or appeals will be finalized during this 3-day period.

Employee _____ Date of Request _____

Chattanooga State Position _____ Chattanooga State Department _____

Nature of Outside Employment _____

Place of Outside Employment _____

Starting Date of Outside Employment ____/____/____

Commitment in Time Per Week to Outside Employment _____

Will adjustments be necessary to prevent interference with assigned duties at Chattanooga State? Please explain: _____

Is this employment with another agency, department, or institution of the State of Tennessee (includes other institutions of higher education)?
____ If so, a letter of approval from an appropriate representative of the other agency or institution must be attached to this form.

Will this outside employment involve the use of Chattanooga State equipment, facilities, or services? ____ If so, what plans have been made with the Vice President of Finance to provide compensation to the College for their use? _____

This outside employment will not interfere with my assigned duties and responsibilities as an employee of Chattanooga State. The employment also does not constitute a conflict of interest or compete with the education, research, or public service programs of the Institution. While holding this outside employment, I will not claim that I am an official representative of Chattanooga State in connection with this employment. Business cards or directory information used in conjunction with my outside employment will not use the Chattanooga State address or telephone number.

Employee Signature

____/____/____
Date

Approval Recommended:

Immediate Supervisor/Dean Signature

____/____/____
Date

Approved:

Vice President Signature

____/____/____
Date

Please return form to the Human Resources Department.