

REQUEST FOR APPROVAL
PARTICIPATION ON AN EXTERNAL BOARD

NAME OF ADMINISTRATOR: _____

TITLE: _____

APPOINTMENT INFORMATION:

I am seeking authorization to serve on the governing board of:

Name of Organization
_____ to _____
(Term Dates)

Type of Appointment (Check One):

- Community Member/Personal Service
- Ex Officio
- Job Assignment
- Other (specify) _____

Voting Privileges:

- Voting Member
- Non-Voting Member

Estimated Time Commitment: _____

e.g. total estimated hours per month and year

Is Compensation or Reimbursement anticipated from Organization:

- Yes
- No

If yes, type:

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Per Diems | Estimated Annual Amount: \$ _____ |
| <input type="checkbox"/> Expenses (travel, meals) | Estimated Annual Amount: \$ _____ |
| <input type="checkbox"/> Director Compensation | Estimated Annual Amount: \$ _____ |
| <input type="checkbox"/> Other (specify) _____ | Estimated Annual Amount: \$ _____ |

Organization Information:

- Profit
- Nonprofit
- Private Foundation
- Professional Association
- Other (specify) _____

Mission/Scope of Organization: _____

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OTHER RELATIONSHIPS WITH ORGANIZATION—Identify institutional memberships in the Organization, contracts (current or anticipated) or other financial relationship between Organization and Institution, and approximate cost/value:

CONFLICT OF INTEREST DECLARATION

I am not aware of any potential conflicts of interest between my employment with Minnesota State Colleges and Universities and service on this board. I understand that it is my duty to identify any potential conflict of interest that may arise, take steps necessary to avoid the conflict of interest, and report any conflict of interest and action taken to the Director of Human Resources.

Signature of Administrator

Date

Approved, President/Designee

Date

c: Administrator
Personnel File