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:
☐ Per Diems Estimated Annual Amount: $____________________
☐ Expenses (travel, meals) Estimated Annual Amount: $____________________
☐ Director Compensation Estimated Annual Amount: $____________________
☐ Other (specify) ________________________________ Estimated Annual Amount: $____________________

Organization Information:
☐ Profit
☐ Nonprofit
☐ Private Foundation
☐ Professional Association
☐ Other (specify) ________________________________

Mission/Scope of Organization: ____________________________________________

________________________________________________________________________
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