Purpose: This form should be completed by University System Office (USO) employees seeking approval to engage in compensated outside activities that relate to the iertise or responsibilities as a University System of Georgia (USO) loyee. Such activities include consulting, teaching, speaking, and participating in business, professel, or service enterprise completed forms should be forwarded through your supervisor the USG Office of Ethics and Compliance approval.

USG Office of Ethics & Compliance usgcompliance@usg.edu (404) 9623034

Policy Requirement In accordance with BI.6 508(0 0 1 rg 9001 T (a)r.)15am]TJ n Et2-7 ()2 (h21 ( )]TJ /2n)-

6.	Do you or anyone in your line of authority supervise, participate in or approve of the purchase of products and/or services from this organization in the role of a USG employee?  Yes No If yes, please provide details:				
7.	•	•		ct with employees of this organization in your role as a USG If yes, please provide details:	

Yes

No

5. Is the organization a vendor of the USG?

8. Do you, or menbers of your immediate family, have any ownership and/or affiliation with this [w -6.71 -1.27drd4(eirapi)+6d1)-171(d)-151(y)171(eeQ BT)467(6 )]TU ETes 0 0 612 792 ]TJ 06 <.2.343 w /C2\_0 1 Tf 0 Tc 0

12. Will you receive anything of value from this organization for this activity?						

I hereby swear or