

RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC

APPLICATION FOR APPROVAL OF OUTSIDE ACTIVITY

(A separate application must be submitted for each outside employment)

INSTRUCTIONS:

Applicant type or print original, sign and submit to Supervisor. Supervisor sign and submit to Managing Director/Designee (NYSPI - Theresa Conlin; NKI - Tom O'Hara; IBR- Joe Maturi). Original to Personnel File, copy to applicant indicating approval or disapproval.

1. Full name:

2. Home Address:

3. Title and Grade:	4. Work Location: Work Email: Phone #:
---------------------	--

5. Project/Task/Award Employee Currently Paid From	6. Regular Work Schedule: From AM to ""AM PM to ""PM Hourly employees: approx # of hours per week:	7. Regularly Scheduled Work Days:
--	---	-----------------------------------

8. Nature of outside activity for which you are requesting approval:

9. List other outside activity(s) in which you are currently engaged:

10 (a). Name and location of the person or organization for whom you will perform outside activity:	(b). If you will be engaged in private practice of a profession, provide location of your office, clinic or other facility:	(c). Days and hours during which you will be engaged in outside activity:	(d) Expected Compensation- If none, indicate "0)

I certify that I have received, read and understand the Research Foundation for Mental Hygiene policy on outside activity and that the statements or responses made above are correct and complete. I acknowledge my responsibility to submit an amended application whenever the nature of my Research Foundation for Mental Hygiene duties or the outside activity materially changes.

_____	_____	_____
Date	Signature of Employee	Type/Print name of Employee
<input type="checkbox"/> Approved		
<input type="checkbox"/> Disapproved		
_____	_____	_____
Date	Signature of Supervisor	Type/Print name of Supervisor

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Comments: _____ _____ _____
---	-----------------------------------

_____ Signature of Managing Director/Designee	_____ Title	_____ Date
--	----------------	---------------