



WEST VIRGINIA STATE UNIVERSITY OUTSIDE SERVICES REVIEW FORM

Semester _____ Year 20____

1. ARE YOU EMPLOYED ONLY BY WEST VIRGINIA STATE UNIVERSITY? YES___ NO___
IF YOUR ANSWER TO THE ABOVE QUESTION IS NO, PLEASE SUPPLY THE FOLLOWING
INFORMATION:

(OTHER EMPLOYER'S NAME AND ADDRESS)

(POSITION)

APPROXIMATE NUMBER OF HOURS PER WEEK _____

2. Are you presently a paid professional at someplace other than WVSU? Yes ___ No ___

If your response is Yes, please explain the nature of the professional service(s), the individual or group which engages your services(s), and the number of hours per week (or month) that you regularly spend in this service.

3. Are you self-employed? Yes _____ No _____

If the answer is Yes, please explain the nature of your self-employment and approximate number of hours per week you spend in this occupation.

Initials I understand that if any of the above information changes during the semester, I am responsible for submitting a new **Outside Service Review Form** to the office of Dean of my College.

Initials I declare that to the best of my knowledge, the above information is true and correct.

(Printed Name)

(Signature)

(Department)

(Title)

(Date)