

## Completing the Request for Approval of Outside Activity (HHS 520)

The Request for Approval of Outside Activity (HHS 520) allows you to continue to participate in paid or nonpaid professional activities that you perform outside of HHS, which require advance approval. Professional means that some level of advanced education or training is necessary to engage in the activity, such as licensure or certification (e.g., physician, legal practice) or advanced education (e.g., peer review manuscripts, consulting in your area of expertise). Examples: officer, director, employee, trustee, general partner, proprietor, representative, executor, or consultant of a corporation, partnership, trust, or other business entity, non-profit or volunteer organization or educational institution. Incomplete forms will be returned to the employee for additional information. If additional space is needed to answer a question, note this (e.g., see page 15) and reference the item it pertains to (e.g., Continuation of Part II, Item 8a, Method or Basis of Compensation). Download the form from the last page of the module (Module 2 – Evaluating Additional Activities Evaluation and Forms page).

For Section I, complete questions 1-12. Leave Agency Use Only blank.

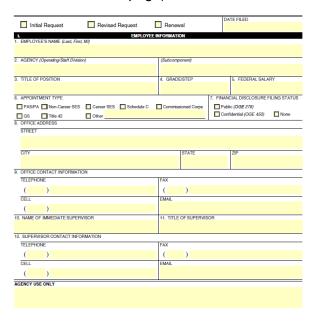


Figure 1: HHS 520 Section I



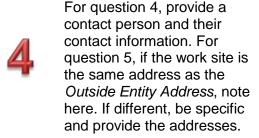
For Section II, complete question 1 in a sentence (e.g., "I will serve as Vice-President, New York, NY chapter of the **National Business Managers** Association"). Describe in detail so an outside auditor is able to understand the activity. If the activity is not self-employment or teaching, speaking, writing, or editing (both paid and unpaid), go directly to question 2. If the activity is selfemployment, check selfemployed activity and provide the type of clients served and business sector and type (e.g., I will prepare tax returns for family members and individuals in my community as well as a few small businesses that are not HHS grantees or contractors). Note a stipulation that you will not use any government office equipment in performing your outside business activities. If the activity involves teaching, speaking or writing (paid or unpaid) related to official duties, check Subject Matter of Activity and explain the class content, or the title of the speech, article or book. Attach a syllabus or draft if available. Check Text of Disclaimer and insert disclaimer (e.g., I am appearing in my personal capacity and the views I express are my own and not necessarily those of the HHS, the division one works in, or the Federal government.)

| III.   |  |                      | OUTSIDE ACTIVI                   | Y INFORMATION       | 1                      |                                       |
|--|--|----------------------|----------------------------------|---------------------|------------------------|---------------------------------------|
| Nature of Outside Activity   |  |                      |                                  |                     |                        |                                       |
| Indicate the type of activity for which you request prior approval, and describe fully the specific duties or services to be performed.  |  |                      |                                  |                     |                        |                                       |
|  | Professional or Consu  | Itative Activities   | Teaching, Speaking, V            | Vriting or Editing  | Board Service          | Expert Witness                        |
|  | Other  |                      |                                  |                     |                        |                                       |
|  | Describe:  |                      |                                  |                     |                        |                                       |
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|  |  |                      |                                  |                     |                        |                                       |
|  |  |                      |                                  |                     |                        |                                       |
| If y   | ou will provide persor   | nal services or pro  | ducts directly to multiple of    | ients, patients, cu | stomers, or others, as | a self-employed individual or as an   |
| ind  | independent contractor, alone or jointly with others, check the box below and specify the type of activity or business in which you propose to be engaged, such as legal, medical, accounting, or sales (specify industry or economic sector) and identify any partners or others with whom yo |                      |                                  |                     |                        |                                       |
| pro  | engaged, such as legal, medical, accounting, or sales (specify industry or economic sector) and identify any partners wor whom you provide senices or products ionity. Estimate the total number of clients, patients, customers, or persons to whom you would provide services or             |                      |                                  |                     |                        |                                       |
| pro  | ducts during the activi  | ty period, rather th | an listing them in Part II, Iter | n 2.                |                        |                                       |
|  | Self-Employed Activity   | /                    |                                  |                     |                        |                                       |
|  |  |                      |                                  |                     |                        |                                       |
|  |  |                      |                                  |                     |                        |                                       |
|  |  |                      |                                  |                     |                        |                                       |
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|  |  |                      |                                  |                     |                        |                                       |
|  |  |                      |                                  |                     |                        |                                       |
|  |  |                      |                                  |                     |                        |                                       |
| For  | activities involving te  | aching speaking      | or writing provide a syllabu     | s outline summa     | ry synonsis draft or s | imilar description of the content and |
| For activities involving teaching, speaking, or writing, provide a syllabus, outline, summary, synopsis, draft, or similar description of the content and subject matter involved in the course, speech, or written product (including, if available, a copy of the text of any speech) and the proposed text of |  |                      |                                  |                     |                        |                                       |
| any disclaimer that indicates that the views expressed do not necessarily represent the views of the agency or the United States. Check the applicable boxes indicating that these materials are attached. If you are unable to provide this information, or will be delayed in submitting the                   |  |                      |                                  |                     |                        |                                       |
| atta   | chments, please expl   | ain below.           |                                  | 2200 ю ри           | - Indimator,           |                                       |
|  | Subject Matter of Activ  | vity                 | Text of Disclaimer               |                     |                        |                                       |
|  | Explain:   | -                    |                                  |                     |                        |                                       |

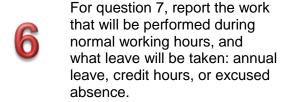
Figure 2: HHS 520 Section II, Question 1



For questions 2 and 3, identify the outside employer or organization for which the activity will be performed or conducted. Give the name and title of a contact person and their contact information.



For question 6, if the employee is an officer of a professional organization, report the travel as part of performing the outside activity should be described.



If uncompensated activity
(excluding reimbursement of
travel), check no. Leave the
remainder of question 8 blank.
If compensated activity, check
yes, and check all methods of
compensation.



Figure 3: HHS 520 Section II, Questions 2-3



Figure 4: HHS 520 Section II, Questions 4-5



Figure 5: HHS 520 Section II, Question 6

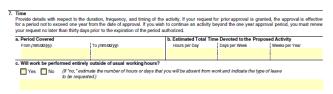


Figure 6: HHS 520 Section II, Question 7

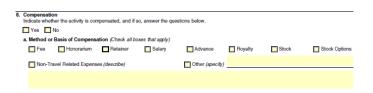


Figure 7: HHS 520 Section II, Question 8a



For question 8b, indicate the total compensation to be received for the activity for the period covered for this request. For question 8c, complete only if a third party is paying the compensation

For question 8d, indicate if

compensation is derived from an HHS grant, contract, cooperative agreement, or other source of HHS funding or if the services are related to an activity funded by HHS. For question 8e, if the employing organization is also an organization with financial interests in official matters that the employee might participate, the employee must indicate recusal from any official matter involving this entity.

chart if you have worked for the same entity or engaged in similar activities in the past 6 calendar years (and current year). If this is the first time you have worked for this entity or are self-employed and engaged in this activity previously, please identify as well.

For question 8f, complete this

For Section III, question 1, check the box and attach the position description. For question 2, answer in a complete sentence even if there is no relationship with official duties.



Figure 8: HHS 520 Section II, Question 8b-c

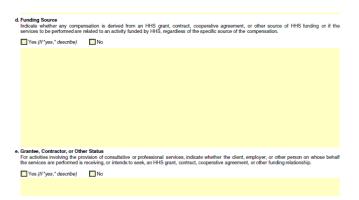


Figure 9: HHS 520 Section II, Question 8d-e

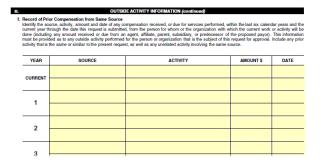


Figure 10: HHS 520 Section II, Question 8f





## Figure 11: HHS 520 Section III, Questions 1-2

For question 3, answer in a complete sentence even if there is no relationship with official duties. For question 4, answer in a complete sentence, even if there have never been any official interactions with the outside employer or clients. For question 5, sign, date, and staple any attachments (such as the P.D.). The employee should fill in the date filed with the supervisor under "Date filed" on the first page. Upload form to the last page of the module (Module 2 - Evaluating Additional Activities Evaluation and Forms page).

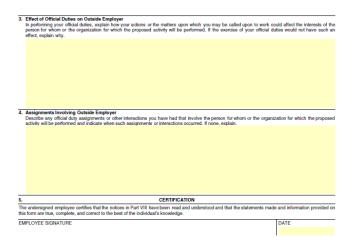


Figure 12: HHS 520 Section III, Questions 3-5