

## 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).

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

|  |  |                                  |   |
|--|--|----------------------------------|---|
| <input type="checkbox"/> Initial Request   | <input type="checkbox"/> Revised Request | <input type="checkbox"/> Renewal | DATE FILED  |
| <b>EMPLOYEE INFORMATION</b>  |  |                                  |   |
| 1. EMPLOYEE'S NAME (Last, First, MI)   |  |                                  |   |
| 2. AGENCY (Operating/Staff Division)   |  | (Subcomponent)                   |   |
| 3. TITLE OF POSITION   | 4. GRADE/STEP                            | 5. FEDERAL SALARY                |   |
| 6. APPOINTMENT TYPE  |  |                                  | 7. FINANCIAL DISCLOSURE FILING STATUS   |
| <input type="checkbox"/> PASPA <input type="checkbox"/> Non-Career SES <input type="checkbox"/> Career SES <input type="checkbox"/> Schedule C <input type="checkbox"/> Commissioned Corps |  |                                  | <input type="checkbox"/> Public (OGE 278)                                     |
| <input type="checkbox"/> GS <input type="checkbox"/> Title 42 <input type="checkbox"/> Other   |  |                                  | <input type="checkbox"/> Confidential (OGE 450) <input type="checkbox"/> None |
| 8. OFFICE ADDRESS  |  |                                  |   |
| STREET   |  |                                  |   |
| CITY   |  |                                  |   |
| STATE  |  | ZIP                              |   |
| 9. OFFICE CONTACT INFORMATION  |  |                                  |   |
| TELEPHONE  |  | FAX                              |   |
| ( ) ( ) ( ) ( ) ( ) ( )  |  | ( ) ( ) ( ) ( ) ( ) ( )          |   |
| CELL   |  | EMAIL                            |   |
| ( ) ( ) ( ) ( ) ( ) ( )  |  |                                  |   |
| 10. NAME OF IMMEDIATE SUPERVISOR   |  | 11. TITLE OF SUPERVISOR          |   |
|  |  |                                  |   |
| 12. SUPERVISOR CONTACT INFORMATION   |  |                                  |   |
| TELEPHONE  |  | FAX                              |   |
| ( ) ( ) ( ) ( ) ( ) ( )  |  | ( ) ( ) ( ) ( ) ( ) ( )          |   |
| CELL   |  | EMAIL                            |   |
| ( ) ( ) ( ) ( ) ( ) ( )  |  |                                  |   |
| AGENCY USE ONLY  |  |                                  |   |

Figure 1: HHS 520 Section I

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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 self-employment, check *self-employed 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.)

**II. OUTSIDE ACTIVITY 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 Consultative Activities     Teaching, Speaking, Writing or Editing     Board Service     Expert Witness

Other

Describe:

Self-Employed Activity

Subject Matter of Activity     Text of Disclaimer

Explain:

Figure 2: HHS 520 Section II, Question 1

3

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.

**2. Outside Employer or Other Entity**  
Identify the outside employer or other person for whom or organization for which the proposed activity will be performed or conducted. Give the name and title of a contact person. In Items 3 and 4, provide address and contact information for the outside entity.

OUTSIDE ENTITY NAME  
\_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_

**3. Outside Entity Address**

STREET  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

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For question 4, provide a contact person and their contact information. For question 5, if the work site is the same address as the *Outside Entity Address*, note here. If different, be specific and provide the addresses.

**II. OUTSIDE ACTIVITY INFORMATION (continued)**

**4. Contact information**

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_  
( ) ( )

CELL \_\_\_\_\_ EMAIL \_\_\_\_\_  
( )

**5. Location**  
Indicate the location where the activity or services will be performed.  
\_\_\_\_\_

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

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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.

**6. Travel**  
Indicate whether travel is involved, and if so, whether the transportation, lodging, meals, or per diem will be at your own expense or provided by the outside entity in kind or through reimbursement. Describe arrangements and provide estimated costs of items to be furnished or reimbursed by the outside entity.

Yes  
 At own Expense     In-Kind or Reimbursed    Estimated Amount \$ \_\_\_\_\_

No  
Describe:  
\_\_\_\_\_

Figure 5: HHS 520 Section II, Question 6

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For question 7, report the work that will be performed during normal working hours, and what leave will be taken: annual leave, credit hours, or excused absence.

**7. Time**  
Provide details with respect to the duration, frequency, and timing of the activity. If your request for prior approval is granted, the approval is effective for a period not to exceed one year from the date of approval. If you wish to continue an activity beyond the one year approval period, you must renew your request no later than thirty days prior to the expiration of the period authorized.

**a. Period Covered**  
From (mm/dd/yyyy) \_\_\_\_\_ To (mm/dd/yyyy) \_\_\_\_\_

**b. Estimated Total Time Devoted to the Proposed Activity**

| Hours per Day | Days per Week | Weeks per Year |
|---------------|---------------|----------------|
| _____         | _____         | _____          |

**c. Will work be performed entirely outside of usual working hours?**  
 Yes     No (If "No," estimate the number of hours or days that you will be absent from work and indicate the type of leave to be requested.)  
\_\_\_\_\_

Figure 6: HHS 520 Section II, Question 7

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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.

**8. Compensation**  
Indicate whether the activity is compensated, and if so, answer the questions below.

Yes     No

**a. Method or Basis of Compensation (Check all boxes that apply)**

Fee     Honorarium     Retainer     Salary     Advance     Royalty     Stock     Stock Options

Non-Travel Related Expenses (describe) \_\_\_\_\_     Other (specify) \_\_\_\_\_

Figure 7: HHS 520 Section II, Question 8a

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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

**II. OUTSIDE ACTIVITY INFORMATION (continued)**

**b. Compensation Amount**  
Indicate the total amount of compensation to be received for the proposed activity for the period covered by this request. Do not include the amount of any travel expenses to be provided by the outside entity that were reported in Part II, Item 6.

\$ \_\_\_\_\_

**c. Payor**  
If any compensation will be received from a payor other than the entity to which personal services will be provided, identify the payor and explain.

\_\_\_\_\_

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

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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.

**d. Funding Source**  
Indicate whether any compensation is derived from an HHS grant, contract, cooperative agreement, or other source of HHS funding or if the services to be performed are related to an activity funded by HHS, regardless of the specific source of the compensation.

Yes (If "yes," describe)  No

\_\_\_\_\_

**e. Grantee, Contractor, or Other Status**  
For activities involving the provision of consultative or professional services, indicate whether the client, employer, or other person on whose behalf the services are performed is receiving, or intends to seek, an HHS grant, contract, cooperative agreement, or other funding relationship.

Yes (If "yes," describe)  No

\_\_\_\_\_

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

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For question 8f, complete this 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.

**II. OUTSIDE ACTIVITY INFORMATION (continued)**

**f. Record of Prior Compensation from Same Source**  
Identify the source, activity, amount and date of any compensation received, or due for services performed, within the last six calendar years and the current year through the date this request is submitted, from the person for whom or the organization with which the current work or activity will be done (including any amount received or due from an agent, affiliate, parent, subsidiary, or predecessor of the proposed payor). This information must be provided as to any outside activity performed for the person or organization that is the subject of this request for approval. Include any prior activity that is the same or similar to the present request, as well as any unrelated activity involving the same source.

| YEAR    | SOURCE | ACTIVITY | AMOUNT \$ | DATE |
|---------|--------|----------|-----------|------|
| CURRENT |        |          |           |      |
| 1       |        |          |           |      |
| 2       |        |          |           |      |
| 3       |        |          |           |      |

Figure 10: HHS 520 Section II, Question 8f

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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.

**III. OFFICIAL DUTY INFORMATION**

**1. Nature of Official Duties**  
Describe the principal duties and responsibilities of your current position. You may attach a copy of your position description in lieu of providing the description unless you currently have significant duties or assignments that are not reflected in that document.

Position Description Attached

\_\_\_\_\_

**2. Relationship of Official Duties to Outside Activity**  
Describe any official duties that relate in any way to the proposed activity. If none, explain why.

\_\_\_\_\_

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

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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).

**3. Effect of Official Duties on Outside Employer**  
In performing your official duties, explain how your actions or the matters upon which you may be called upon to work could affect the interests of the person for whom or the organization for which the proposed activity will be performed. If the exercise of your official duties would not have such an effect, explain why.

**4. Assignments Involving Outside Employer**  
Describe any official duty assignments or other interactions you have had that involve the person for whom or the organization for which the proposed activity will be performed and indicate when such assignments or interactions occurred. If none, explain.

**5. CERTIFICATION**  
The undersigned employee certifies that the notices in Part VIII have been read and understood and that the statements made and information provided on this form are true, complete, and correct to the best of the individual's knowledge.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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