





## EXTERNAL PRIVATE WORK APPROVAL EWA2

Calendar Year:

## **FORM PURPOSE**

This form is the be completed by all Academic and Professional staff members who engage in University external work (privately conducted work in the name of the individual/company/business name), as defined within the External Work Policy. The completed form is to be submitted for approval to your Dean/Institute/Centre Director PRIOR to conducting the work. Copies are to be retained in the School/Centre and OHR staff files for reporting purposes. Please refer to the External Work Policy for definitions: policies.westernsydney.edu.au.edu.au/index.php

|                              | se refer to the External Work Policy for definiti |  |                      | starr mes |
|------------------------------|---|--|----------------------|-----------|
| School/Institute/Centre:     |   |  |                      |           |
| Surname:                     |   | First Name(s):                               |                      |           |
| Employee Number:             |   | Telephone:                                   |                      |           |
| Email:                       |   |  |                      |           |
|                              | d understand the External Work Policy and tha     | t the proposed project complies with this p  | olicy (please tick). |           |
| DESCRIPTION OF WO            |   |  |                      | Hours of  |
| Client Name                  | Brief Description of Project                      |  | Dates of Work        | Work      |
|                              |   |  |                      |           |
|                              |   |  |                      |           |
|                              |   |  |                      |           |
|                              |   |  |                      |           |
|                              |   |  |                      |           |
|                              |   |  |                      |           |
|                              |   |  | Total Hours          |           |
| A copy of this form has beer | n placed on OHR staff TRIM file (please tick).    |  |                      |           |
| SIGNED AND ACCEPT            | ED  | D // /G D:                                   |                      |           |
| Staff Member Name (print):   |   | Dean/Institute/Centre Director Name (print): |                      |           |
| Position:                    |   | Position:                                    |                      |           |
| Signature:                   |   | Signature:                                   |                      |           |
| Signature.                   |   | signature.                                   |                      |           |
| Date:                        |   | Date:  |                      |           |

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