



COMPENSATED OUTSIDE PROFESSIONAL ACTIVITY Notification and Approval Request Form

Use this form to request approval for compensated outside professional activity, as defined in RPM 10.02. A separate form is to be used for each outside activity. Approval is required annually. You must have approval from RIIO before you engage in this activity, or sign any related documents offered by the outside entity. This process is not required for payments for speeches and other one-time activities of a similar nature; such activities should be approved by your supervisor.

Employee Name _____ Employee ID _____ Division _____

Name of Outside Entity _____

Address of Outside Entity _____

Web address (URL) of Outside Entity _____

Nature of Outside Entity's business:

Nature of the work you will perform, and the scope of that work. Submit attachment if needed.

Your proposed role with the outside entity (check all that apply):

- Consultant
- Science Advisory Board
- Science Advisory Board chair
- Board of Directors, Officer, Trustee, Owner, Partner
- Founder/Co-Founder
- Employee, title: _____
- Other (explain): _____

- My work will involve a written agreement, and I have submitted the proposed agreement to the Technology Transfer and Intellectual Property Management (TTIPM) Department for review/approval prior to signing it.
- My work will not involve a written agreement

Est. Hours per Month of Outside Activity _____ Est. Start Date _____ Est. End Date _____

1. When will the outside activity be performed?

- Evenings or weekends
- Vacation
- Leave without pay
- Reduction in FTE/% time

2. What is the outside entity's current/prospective business relationship with LBNL?

- None that I am aware of
- Sponsored research, gift, or CRADA
- Technology/software option or license
- Supplier/vendor/subcontractor, lessor, consortium member

3. Does the proposed activity represent any actual or potential conflict with your obligations under University of California policy or DOE Contract DE-AC02-05CH11231 (e.g., an appearance of an unfair competitive advantage for the outside entity, overlap of Laboratory and private interests, competition with Laboratory projects, disclosure of information not yet in the public domain)?

- No
- Yes (attach detailed explanation)

Employee Name _____ Name of Outside Entity _____

4. Does the proposed activity limit your ability to report fully and promptly to DOE all significant research and development information?

No Yes (attach detailed explanation)

5. Does the proposed activity represent any actual or potential conflict with the intellectual property/patent provisions of DOE Contract DE-AC02-05CH11231 (e.g., is there any prohibition of disclosing your invention made under this outside employment to LBNL, or would you be required to assign or license all your inventions made irrespective of the funding source, etc)?

No Yes (attach detailed explanation)

6A. Please identify any other employees providing or planning to provide services to the above named organization.

6B. Identify any of these with whom you have a reporting relationship.

COMPENSATION/FINANCIAL INTEREST (CHECK ALL THAT APPLY)

Check the highest level/value of compensation/financial interest that you actually received in the last 12 months and the highest level/value of compensation/financial interest that you anticipate from this activity in the next 12 months.

If compensation or equity is greater than \$10,000, and/or equity is greater than 5%, please attach a statement delineating the proposed work and your LBNL work.

INCOME, HONORARIA, TRAVEL, GIFTS

<input type="checkbox"/> Income	Last 12 months:	<input type="checkbox"/> None	<input type="checkbox"/> up to \$10,000	<input type="checkbox"/> \$10,001-\$100,000	<input type="checkbox"/> \$100,001-\$1,000,000	<input type="checkbox"/> > \$1,000,000
	Next 12 months:	<input type="checkbox"/> None	<input type="checkbox"/> up to \$10,000	<input type="checkbox"/> \$10,001-\$100,000	<input type="checkbox"/> \$100,001-\$1,000,000	<input type="checkbox"/> > \$1,000,000
<input type="checkbox"/> Honoraria	Last 12 months:	<input type="checkbox"/> None	<input type="checkbox"/> up to \$10,000	<input type="checkbox"/> \$10,001-\$100,000	<input type="checkbox"/> \$100,001-\$1,000,000	<input type="checkbox"/> > \$1,000,000
	Next 12 months:	<input type="checkbox"/> None	<input type="checkbox"/> up to \$10,000	<input type="checkbox"/> \$10,001-\$100,000	<input type="checkbox"/> \$100,001-\$1,000,000	<input type="checkbox"/> > \$1,000,000
<input type="checkbox"/> Travel	Last 12 months:	<input type="checkbox"/> None	<input type="checkbox"/> up to \$10,000	<input type="checkbox"/> \$10,001-\$100,000	<input type="checkbox"/> \$100,001-\$1,000,000	<input type="checkbox"/> > \$1,000,000
	Next 12 months:	<input type="checkbox"/> None	<input type="checkbox"/> up to \$10,000	<input type="checkbox"/> \$10,001-\$100,000	<input type="checkbox"/> \$100,001-\$1,000,000	<input type="checkbox"/> > \$1,000,000
<input type="checkbox"/> Gifts	Last 12 months:	<input type="checkbox"/> None	<input type="checkbox"/> up to \$10,000	<input type="checkbox"/> \$10,001-\$100,000	<input type="checkbox"/> \$100,001-\$1,000,000	<input type="checkbox"/> > \$1,000,000
	Next 12 months:	<input type="checkbox"/> None	<input type="checkbox"/> up to \$10,000	<input type="checkbox"/> \$10,001-\$100,000	<input type="checkbox"/> \$100,001-\$1,000,000	<input type="checkbox"/> > \$1,000,000

TYPE AND VALUE OF EQUITY (CHECK ALL THAT APPLY)

Current market value if publicly traded, internal estimate of value if not publicly traded, otherwise amount of investment. Include:

<input type="checkbox"/> Stock	<input type="checkbox"/> None	<input type="checkbox"/> up to \$10,000	<input type="checkbox"/> \$10,001-\$100,000	<input type="checkbox"/> \$100,001-\$1,000,000	<input type="checkbox"/> > \$1,000,000
<input type="checkbox"/> Stock options	<input type="checkbox"/> None	<input type="checkbox"/> up to \$10,000	<input type="checkbox"/> \$10,001-\$100,000	<input type="checkbox"/> \$100,001-\$1,000,000	<input type="checkbox"/> > \$1,000,000
<input type="checkbox"/> Loan to Entity	<input type="checkbox"/> None	<input type="checkbox"/> up to \$10,000	<input type="checkbox"/> \$10,001-\$100,000	<input type="checkbox"/> \$100,001-\$1,000,000	<input type="checkbox"/> > \$1,000,000
<input type="checkbox"/> Real Estate	<input type="checkbox"/> None	<input type="checkbox"/> up to \$10,000	<input type="checkbox"/> \$10,001-\$100,000	<input type="checkbox"/> \$100,001-\$1,000,000	<input type="checkbox"/> > \$1,000,000
<input type="checkbox"/> Other: _____	<input type="checkbox"/> None	<input type="checkbox"/> up to \$10,000	<input type="checkbox"/> \$10,001-\$100,000	<input type="checkbox"/> \$100,001-\$1,000,000	<input type="checkbox"/> > \$1,000,000

PERCENTAGE OF EQUITY: less than 5% more than 5%

Employee Name _____ Name of Outside Entity _____

EMPLOYEE CERTIFICATION AND ACKNOWLEDGEMENT

- I understand that I may not engage in this activity until this request has been fully approved. I am aware that neither LBNL resources nor any portion of time due to LBNL may be used for compensated outside professional activities; if I engage in such activities during normal business hours, I will use approved vacation or take approved unpaid leave.
- I understand that prior approval of this activity must be renewed annually, and that I am responsible to update the information during the activity period if there is a change in the scope of work, an increase in the amount or value of remuneration, or an increase in the time commitment.
- I am aware that I may be required to disqualify myself from making or influencing decisions in which I have a financial interest.
- I have read and understand RPM Sec. 10.02, Employee Outside Business Activities, including RPM Sec 10.02 H, Patent Agreements.
- I certify that the information provided above is true and complete to the best of my knowledge.
- I acknowledge that this activity may be subject to a conflict of interest management plan.

Employee Signature _____ Date _____

ROUTING: Supervisor
Division Director
Technology Transfer and Intellectual Property Management (if written agreement is present)
Research and Institutional Integrity Office

You may not engage in the compensated outside professional activity until all required approvals are in place.

SUPERVISOR REVIEW AND RECOMMENDATION

Upon discussion with the above named LBNL employee regarding the services to be provided to the above named organization, and upon review of the information provided on this form, I recommend approval of the outside activity described above.

- I have considered:
- **Avoidance of unfair competitive advantage**
 - **Separation of LBNL and private interests**
 - **Protection of information not yet in the public domain**
 - **Non-competition with LBNL projects (e.g., no conflict between the scope of work for the outside employer and current or future LBNL research activities)**
 - **Prohibition against the use of LBNL facilities, equipment, or work time for any purpose other than official Laboratory business.**

Supervisor Name _____ Signature _____ Date _____

Employee Name _____ Name of Outside Entity _____

APPROVALS

Division Director

Name _____ Signature _____ Date _____

Division Director review and approval ensures that Division management is aware of the request and concurs that the activity is generally in accordance with LBNL policy, subject to additional review and approval as required by RIIO procedures.

Technology Transfer and Intellectual Property Management Department (only required if proposed work involves a written agreement with the outside entity)

Name _____ Signature _____ Date _____

The purpose of TTIPM review and approval is to determine whether an agreement contains a claim for invention or patent rights, and if so, whether language required by LBNL regarding intellectual property is present. TTIPM review is not to be construed to address the rights and obligations of the LBNL employee under the agreement with the outside entity.

Research and Institutional Integrity Office

Name _____ Signature _____ Date _____

ADDITIONAL APPROVALS AS DETERMINED BY RIIO IN ACCORDANCE WITH PROCEDURES

Laboratory Deputy Director _____ Date _____

Laboratory Counsel _____ Date _____

Laboratory Director _____ Date _____

The Research and Institutional Integrity Office is the office of record for Compensated Outside Professional Activity requests. Copies of this form are made available to the Department of Energy upon request.

PRIVACY NOTIFICATION

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves:

- The principal purpose for requesting the information on the form is to enable consideration of your request to engage in compensated outside professional activity in accordance with Laboratory, University, and DOE regulations.
- Furnishing all information requested on this form is mandatory. Failure to provide such information will delay or may even deny your request for compensated outside professional activity. Information furnished on this form may be used by various Laboratory and University departments for personnel administration and may be transmitted to the Federal and State governments as required by law.
- Individuals have the right to review their own records in accordance with Laboratory and University policies. Information on these policies can be obtained from the Human Resources Department.

QUESTIONS

General questions on conflicts of interest should be addressed to coi@lbl.gov in the Research and Institutional Integrity Office (RIIO). See also the RIIO website. Questions concerning intellectual property should be addressed to the Technology Transfer and Intellectual Property Management (TTIPM) department. See also the TTIPM website.
