

MCG Operations Training

Thursday, October 13, 2022



AUGUSTA UNIVERSITY
MEDICAL COLLEGE
OF GEORGIA

Agenda

- **Prior Approval Procedures**
 - Satellite Travel (Nancy Brady)
 - Missions and GME Funds (Beverly Bella)
- **Check Requests**
 - AU Check Requests
 - MCG Foundation
 - AU Foundation
 - AUMA Check Requests
 - Supporting Documentation
- **Non-Sponsored Project Forms**
- **Contract Routing Approval Forms**
- **Faculty Relocation Expenses**
- **EPAR Transactions**



Prior Approval (PA) Form for AUHS/ AUMA Check Requests

- Should be submitted at least one week prior to event
- Required for
 - Any fund use to purchase meals
 - Any requests payable to an individual

Form can be found in the MCG Forms Box account under **Approval Request Form - NEW**



Personal Reimbursement and/or Catering Approval Request	Form to be used for: Personal Reimbursements (food, supplies, etc.) & Catering (excluding: Faculty development, Physician license renewals and Physician fees)
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Department Name: _____

Department Cost Center: _____

Request Date : _____

Vendor: _____

Estimated Cost: _____

Describe item/activity	Item/Activity Date	Select Fund Source	Cost
		Select Fund Source	
		Select Fund Source	
		Select Fund Source	
		Select Fund Source	
		Select Fund Source	
		Select Fund Source	

Description of requested item(s) to purchase or be reimbursed:

Reason for purchase/reimbursement:

Requestor Signature (required)	Requestor Name	Phone number	Date

Department Administrator (required)	Department Administrator Name	Phone number	Date

	Beverly Bella		
Department VP Signature (required)	VP Name		Date



Personal Reimbursement and/or Catering Approval Request	Form to be used for: Personal Reimbursements (food, supplies, etc.) & Catering (excluding: Faculty development, Physician license renewals and Physician fees)
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Department Name: Self explanatory
Department Cost Center: 602057
Request Date : Date completing the form
Vendor: TBD, Varies, individual name, etc.
Estimated Cost: \$ 1,500.00

Describe item/activity	Item/Activity Date	Select Fund Source	Cost
Breakfast with students/faculty	10/20-21/2022	Missions	\$ 200.00
Dinner with faculty		Missions	\$ 300.00
Travel expenses for candidate		Missions	\$ 1,000.00
		Select Fund Source	
		Select Fund Source	
		Select Fund Source	

Description of requested item(s) to purchase or be reimbursed:

Meals with students, faculty and TRIBA candidate, Dr. Peter Pan on 10/20/22 and 10/21/22
 Travel expenses (flight, meals, rental car, etc.) for candidate

Reason for purchase/reimbursement:

Recruitment for TRIBA faculty position in the MCG Dean's Office (can list the job opening ID if you like)

Requestor Signature (required)	Requestor Name	Phone number	Date

Department Administrator (required)	Department Administrator Name	Phone number	Date


	Beverly Bella		
Department VP Signature (required)	VP Name	Phone number	Date

Check Requests

- Original documents are to be submitted to HSB-160
- Employee reimbursements for home delivery are unallowable, as they violate AU Purchasing guidelines
- Must be submitted within 45 days or 46+ Day Exception Form is required
- Any expenses over 60 days will be treated as income and taxed via payroll
- Anything over \$5,000 must be submitted via requisition
- Service Agreement Request (SAR) and W-9 required

Forms can be found here:

https://my.augusta.edu/finance/controller/accounts_payable/

 AUGUSTA UNIVERSITY	Department Name:		Payee Name & Address:				
			Phone Number:				
CHECK REQUEST	Account 6 Digits	Fund 5 Digits	Department 8 Digits	Program 5 Digits	Class 5 Digits	Project 15 Digits	AMOUNT
Supplier ID, EMPLID or Federal EIN of Company :		Invoice Number:			Total:		\$0.00
		For accurate posting purposes - Please issue <u>one</u> check request per invoice.					
Justification /Additional Instructions:							
APPROVALS				Attachments:			
Departmental / Requestor Contact: Name: _____			Date: _____	Attachment to be mailed with check? YES <input type="checkbox"/> ** NO <input type="checkbox"/>			
Title: _____ AU ext: _____				**Please paperclip attachment to FRONT of check request and it will be enclosed with the check mailed to the vendor.			
Departmental/Requester Contact Signature: _____							
Budget/Fund Approver Name: _____				For Checks to Vendors or Other External Parties:			
Budget/Fund Approver Title: _____				Mail Check to Payee: YES <input type="checkbox"/> NO <input type="checkbox"/> **			
Budget/Fund Approver Signature: _____			Date: _____	**Accounts Payable Policy requires vendor checks to be mailed. Requests to pick up checks should be reserved for exceptional circumstances, and must be justified in the section below, and approved by Accounts Payable.			
Accounts Payable Processor Initials: _____			Date: _____				
This form is used for <u>single</u> payments for services rendered within a <u>single</u> fiscal year that do not exceed \$2,499. Reimbursements may be processed with this form up to \$5,000.							
JUSTIFY REQUEST TO HAND DELIVER CHECK TO VENDOR:							
Accounts Payable Manager Approval:				Date:			

Revised 04/2020

Check Requests

- Original, itemized receipts are required
- Must be submitted within 90 days or the Foundation will not pay for any reason
- Attachment A required for all food transactions
- Meal limitations (tip and taxes not included):
 - Breakfast - \$15.00 per person
 - Lunch - \$18.00 per person
 - Dinner - \$75 per person of which \$25 can be alcohol

MCG Foundation policies and forms can be found at <https://mcgfoundation.org/policies-and-forms/>



Check Request Form

Date _____

Prepared By _____ Amount _____

Department _____ Payee _____

Phone Number _____ Payee Address _____

Email _____

Purpose or Justification (all reimbursements for meals, refreshments, or entertainment must be accompanied by an Attachment A)

Does this expense require compliance approval? Yes No

Fund Number _____ Fund Description _____

Invoice Date _____ Invoice Number _____

Handling Instructions

Pick-Up Inter-Campus Mail

Email: _____ Attn: _____

Location: _____

Department Authorization

Signatory 1 _____ Date _____ Signatory 2 _____ Date _____

Print Name _____ Print Name _____

MCG Foundation Use Only

Vendor Number _____ Date Received _____

MCGF Approval _____ Date Approved _____

Please submit this form, all original receipts, and any necessary supporting documentation to MCG Foundation located at 720 St. Sebastian Way, Suite 150, Augusta, GA 30901 (Attn: Accounts Payable). MCG Foundation's Disbursement Policy can be found at <https://mcgfoundation.org/policies-and-forms/>. For all other inquiries, please contact the MCG Foundation Accounting Department at (706) 823-5503.



Check Requests

- Original, itemized receipts are required
- Catering invoices should break out the cost per head and list out the items served
- Foundation Check Request Justification Form is required for all catering transactions

AU Foundation forms can be found at
<https://www.augusta.edu/giving/resources.php>

AUF CHECK REQUEST	Fund Name:		Payee Name & Address:		Vendor ID:
			Employee: <input type="checkbox"/> Student: <input type="checkbox"/> Vendor: <input type="checkbox"/>		
	General Ledger Code <i>AUF Accounting Use Only</i>	Foundation Fund Number <i>(6 digits)</i>	Description of Goods or Services* <i>*For entertainment, meals, business functions, and/or employee awards, please complete the AUF Check Request Justification Form.</i>		Amount
Grant funds? YES <input type="checkbox"/> NO <input type="checkbox"/>	Name of Grant (if applicable):	Invoice or Receipt or Authorization Number: <i>For accurate posting purposes, please issue <u>one</u> check request per invoice.</i>		Total: \$ 0.00	
Justification / Additional Instructions:					
APPROVALS			Attachments:		
Departmental / Requestor Contact:			Attachment to be mailed with check? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name:		AU ext:	** Please paperclip attachment to the FRONT of check request and it will be mailed to the vendor.		
Title:			For student or employee related checks: (Including professional dues, immigration or registration fees paid on behalf of a student or employee.)		
Signature:		Date:	Permission given to another employee to pick up your check? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Authorized Signatory Approval:			Mail check to payee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name:			For checks to vendors or other external parties**:		
Title:			Mail check to payee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature:		Date:	**Accounts Payable Policy requires vendor checks to be mailed. Requests to pick up checks should be reserved for exceptional circumstances, and must be justified in the section above, and approved by Accounts Payable.		
Additional Signatory (if applicable):			**To adhere to AUF policies please confirm that all vendors have a current year W-9 on file with AUF by e-mailing or calling Foundation Accounting at 721 - 6263.		
Name:			AUF Accounting Manager Authorization:		
Title:			Signature:		Date:
Signature:		Date:			

Please submit all completed forms and documentation to AUF Accounting in AD-1104 or through secure email to foundationacctng@augusta.edu.

Revised 07/2022

Check Requests



CHECK REQUEST

RA Number

AU Health System

Department Name:
MCG Dean's Office
Payee Name and Address:
Augusta Marriott Two Tenth Street Augusta, GA 30901
Approvals:
Requestor Approval & Date
Department Approval & Date
Vice President Approval & Date
Accounts Payable Processor & Date

Company	Dept/Cost Center	Object Code	Amount
06	602057	714032	50.00
			50.00
Invoice #		Invoice Date	
22354		10/20/2022	
Justification of Expense			
Breakfast with TRIBA candidate, Dr. Peter Pan			
For Contracts:			
Meditract #		Expiration Date	
Check Distribution:			
Attachments Provided for Mailing:		Yes	No
Checks Will be Mailed Directly to Payee			
Notate if there are Extenuating Circumstances that Require the Check Be Returned to the Department			

Submit completed check request form to Accounts Payable, One Tenth Street, Suite 5000, Augusta, GA 30901

List of AUMA Cost Center and Object Codes can be found here <https://my.augusta.edu/au-health-finance/general-ledger>

Supporting Documentation

- Itinerary
- Itemized receipts that show exactly what was purchased
- Signed PA form, with log if a blanket form
- List of attendees
- If a new company, a W-9



Contract Routing and Approval Form

- When submitting, list a brief description only
- GME Office
- Section 1 should be completed before submitting
- If being processed through DSPA, signature is required in section 3
- Word document submission
- We submit to Legal upon signing

Microsoft Word and PDF versions of form are located in MCG Forms

Augusta University

CONTRACT ROUTING AND APPROVAL FORM				
Please complete this form and obtain all necessary approvals and signatures in boxes 1 – 3. <u>ATTACH AT LEAST TWO ORIGINAL CONTRACTS</u> (with all accompanying exhibits, attachments, and all other documents incorporated by reference in the contract) to this completed Form before submitting the package to the Office of Legal Affairs.				
1. GENERAL INFORMATION				
Type of Contract / Brief Description:				
Contract Period: Start :		End:		
Other Contracting Party:				
Is the Other Contracting Party a nonprofit organization? ____ (yes) ____ (no)				
Augusta University Contact Person For Contract:				
(Name)		(Title)	(Phone)	(E-mail)
(School/Center/Institute)		(Department)		
2. CERTIFICATION BY RESPONSIBLE AUGUSTA UNIVERSITY PERSONNEL				
I have read the attached contract in its entirety. The contract accurately describes the agreement between the parties, including goods and/or services provided (for example, description of goods, delivery terms, statement of work) and obligations imposed (for example, manner and dates of payment, confidentiality provisions). I believe that the contract is in Augusta University's best interest that the activity is consistent with Augusta University's mission, and that Augusta University can perform its obligations in the contract. I accept responsibility for routing this contract and for managing it if it is executed.				
(Signature)	(Name)	(Date)		
Approval by Dean of School / Vice President: The attached contract is approved. It is appropriate and necessary to the School's /Augusta University's mission and priorities and such entity can furnish the services, materials, and/or funds designated in the contract.				
(Signature)	(Name - Title)	(Date)		
3. ROUTING AND APPROVALS				
Review by other Augusta University Departments/Offices/Units (if appropriate): I have reviewed the attached contract and [check one]				
Review by Office of Controller (for revenue producing contracts): <input type="checkbox"/> have no objections, <input type="checkbox"/> have certain concerns as set forth here:				
(Name)	(Signature)	(Title)	(Date)	(Phone)
Review by SPA (for sponsored agreements): <input type="checkbox"/> have no objections, <input type="checkbox"/> have certain concerns [check one] as set forth here:				
(Name)	(Signature)	(Title)	(Date)	(Phone)
Review by the ITTSS (for contracts impacting information technology):				
<input type="checkbox"/> have no objections, <input type="checkbox"/> have certain concerns [check one] as set forth here:				
(Name)	(Signature)	(Title)	(Date)	(Phone)
Review by the Enterprise Privacy Officer (for contracts involving Protected Health Information including business associate agreements):				
(Signature)	(Title)	(Date)	(Phone)	
Review by _____ [other Augusta University office]: <input type="checkbox"/> have no objections, <input type="checkbox"/> have certain concerns [check one] as set forth here:				
(Name)	(Signature)	(Title)	(Date)	(Phone)

Faculty Relocation Expenses

- **Available to Full-time Faculty Only**
- **Reimbursement to Company**
 - Reimbursement to be submitted via requisition
 - Be sure the name of the faculty member who will be working for AU, is listed on all bills
- **Reimbursement to Faculty Member**
 - AU vs. AUMA check request
 - Be sure all receipts are itemized
- **Required Documents**
 - AU Relocation Moving Agreement Form (referenced in offer letter)
 - Reimbursement of Relocation Expenses form
- **Documents should never be submitted directly to Accounts Payable or Payroll without coming to the Dean's Office first for review and approval**



EPAR Transactions

- **Distribution Change ePARs**
 - ALL faculty transactions with a 20000 or 20300 fund line must include Cheyanna Mitchell as an approver
- **Supplemental Pay and Ad Hoc Salary Change ePARs**
 - Approved memos
- **Add/Change ePARs**
 - Approved Add/Change form that includes Donna's signature
- **Job Opening Transactions**
 - SPARC number, if applicable
 - Salary
 - Distribution lines with percentages
- **Job Posting**
 - Salary



Questions ?



Outside Activities and Off-Campus Duty



Agenda

- Reason for the Policy
- Employee's Responsibility
- Supervisor's Responsibility
- Off Campus (OC) vs. Outside Activity (OA)
- Limitations on Use
- Definitions
- OA Categories
- Form & Documentation
- Examples
- Best Practices
- OA-2 Form
- Questions



Reason for Policy ^(AU)

- The BOR revised their relevant policy in 2018.
- The AU policy was updated to reconcile to the new BOR policy and simplify the previous policy to allow for the disclosure of all outside activities attended by our faculty.
 - <https://www.augusta.edu/compliance/policyinfo/policy/outside-activities-off-campus-duty.pdf>



Employee Responsibilities

- Choose activities that contribute to their professional growth
- Make sure Outside Activity is approved in advance (especially, if compensated)
- Carefully limit activities so that they do not conflict with their primary obligations as a faculty member
- Ensure the activities do not create a conflict of interest with the university
- **MUST RECORD ABSENCES FROM WORK IN THE TIME REPORTING SYSTEM**
- At the end of the year, must report activities engaged in throughout the year, by using the OA-2 form



Supervisor Responsibilities (AU)

- Whether an employee participates in an Outside Activity or Off Campus activity during work hours is at the discretion of the supervisor whose responsibility is to ensure that the unit is able to meet its mission, and the activity is beneficial to AU.

Supervisors have a responsibility to:

- ✓ remain informed of the professional and outside activities of their employees,
- ✓ encourage such activities when they are consistent with AU policies, and
- ✓ advise them of involvement in activities that might jeopardize their career development, interfere with the individual's primary responsibilities, or hinder the achievement of excellence in academic or research programs.



“How will the individual’s participation in the activity benefit our university or your college?”



Off Campus Duty

An employee who travels off campus as part of fulfilling his/her normal job responsibilities

- Attending a conference for CME
- Teaching Off-Campus at a Regional Campus
- Supervising students in an off-site clinical setting such as Aiken Regional Medical Center
- Visiting satellite clinics in Valdosta, Albany, Brunswick, etc.
- Conducting seminars or attending training



Outside Activity

An employee who travels off campus, with or without compensation, to perform services to persons or organizations external to the university

- Presenting papers at professional meetings
- Service in offices or on committees of academic or professional societies
- Service on governmental advisory committees or study sections
- Teaching/Giving lectures at other academic institutions
- Participating in accreditation visits to other institutions
- Outside consulting



Limitations on Use

- **Full-time employees and Fiscal Year Faculty**
 - 20 days per year for Outside Activities (OA)
 - 20 days for Off-Campus (OC) duty
 - Cannot collectively exceed 30 days between the two
- **Part-time exempt employees and faculty are approved for pro-rated proportions of the above**
- **Exceptions must be approved in advance by the respective EVP (Dean)**





MCG and GCC Form OA-1 Coversheet

Instructions: Complete, print and submit with all OA-1 forms

Employee ID	<input type="text"/>
Faculty First Name	<input type="text"/>
Faculty Last Name	<input type="text"/>
Department	<input type="text"/>
Fiscal year for activity	<input type="text"/>

Enter AU FTE	<input type="text"/>
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Maximum allowable number of days for Outside Activity	0
Maximum allowable number of days for Off Campus	0
Maximum combined allowable # of days for Outside Activity and Off Campus	0

****Off Campus Days (Teaching off campus, Off Campus Duty, Other outside employment, Other outside teaching or research)**

Enter the number of days traveled for this fiscal year-to-date	<input type="text"/>
Enter the number of days approved for this fiscal year-to-date (approved but have yet to travel)	<input type="text"/>

Outside Activity Days (Compensated, Uncompensated or Clinical Practice)

Enter the number of days traveled for this fiscal year-to-date	<input type="text"/>
Enter the number of days approved for this fiscal year-to-date (approved but have yet to travel)	<input type="text"/>

Total Off Campus and Outside Activity Days

Total number of days traveled for this fiscal year-to-date	0
Total number of days approved for this fiscal year-to-date	0
Sum of traveled and approved days for this fiscal year-to-date	0

Exceeds the stated limitations combined for Off Campus and Outside Activities (pro-rated for FTE cumulative 30 days)	<input type="text" value="NO"/>
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Name of contact completing the form	<input type="text"/>
Department Administrator's Name	<input type="text"/>
Department Administrator's approval signature	<input type="text"/>

**** General Attendance at conferences that do not require an OA-1 Form, must still be counted towards off-campus days**

Comments:

Definitions (AU)



Compensation

- Any payment, deferred payment, equity, or deferred equity provided in exchange for the expectation that the employee will perform work or services for the benefit of the outside payer.
- Compensation does not include Honoraria (defined below).

Honoraria

- A payment for a one-time service (such as making a presentation) on which custom or propriety forbids a price to be set.
- For AU, an honorarium of more than \$1000 (per day) will be considered compensation.

Expense Reimbursements

- Reimbursement for travel, accommodations, meals, etc.
- Expense reimbursement to the university must also be included if those are incurred above the *de minimis* level (staff time, use of printers/copiers, computers, etc.)





FORM OA-1

REQUEST FOR APPROVAL OF OUTSIDE ACTIVITY

Submit in advance of an employee's engagement in an outside activity as required by AU Policy



EMPLOYEE INFORMATION

Name	Last	First	MI
College/Unit Name			
Department			
Academic Rank/Title			

SPONSOR INFORMATION

Include the name and the address of responsible person(s).

Organization Name

Address

Organization Address

City

State

Zip code

Point of Contact

Name

Title

ACTIVITY INFORMATION

Location where services will be performed

Virtually (from on-campus or other location) Please specify if other location

Offsite Location Please specify if offsite location

Will any University resources be required? (e.g., copier, email, PC, administrative support, lab facilities, travel, per diem, etc.)

Yes If 'Yes' is selected, describe and attach a plan for reimbursing the institution for these.

No

Nature of Proposed Activity

Describe the work/activity that will be performed; attach additional pages if needed or contractual scope of work if available.

Describe how the individual's participation in the activity will benefit the university.

Estimated time involved

of days

of hours

Time Period Covered

Start Date:

End Date:

Will work be performed entirely outside of usual working hours?

Yes

No If 'No' is selected, please describe.

Will the sponsoring organization cover expenses? (e.g., travel, per diem)

Yes Estimated at \$ _____.

No

Compensation Amount

None

\$ _____ to employee

\$ _____ to AU/AURI/Foundation

\$ _____ to Other: _____

Honorarium Amount

None

\$ _____ to employee

\$ _____ to AU/AURI/Foundation

Other Income Expected

None

\$ _____ Royal to employee

\$ _____ to Other: _____

Based on the AU Policy and the attestation as to the nature of the work and related compensation, etc., I, employee named above, believe this activity qualifies as an:

Outside Activity – Compensated

Outside Activity – Uncompensated

Outside Activity – Clinical Practice

Based on the AU Policy and the stated limitations on the number of days permitted for Outside Activities or the combination of previous Outside Activities and Off-Campus Activities, this request:

Exceeds the stated limitations, therefore, I am requesting an exception to the policy (Requires EVP approval)

Employee Signature	
Section Chief Approval (if applicable)	
Chair/Director Approval	
Dean/VP Approval	

Categories of Outside Activity

- **Outside Activity – Compensated**
 - Activities that result in compensation of \$1,001 or greater
- **Outside Activity – Uncompensated**
 - Activities that result in compensation of \$1,000 or less
- **Outside Activity – Clinical Practice**



Outside Activity – Compensated (\$1,001 or greater) (AU)

- **Includes paid services such as consulting, teaching (credit or non-credit), speaking, and participating in business, professional, or service enterprises with external entities.**
 - If compensation is \$1,001 or greater, it is
 - Payments and expense reimbursement from governmental agencies such as the State of Georgia or the Federal Government (e.g. NIH) are **excluded and not considered outside compensation**.
 - Likewise, payments from AU (such as for continuing education) or one of our affiliated organizations (such as AU Health) are **not** considered outside compensation.

Request for Approval	Time Reporting	Impact on Annual Leave
OA-1 <i>(new multilevel approval)</i>	Outside Activity – Compensated	Annual Leave* is required for those who earn leave if the activity is performed during the employee's usual working hours. * http://Oneusg.augusta.edu

Outside Activity – Uncompensated (\$1,000 or less) (AU)

- Includes unpaid guest lecturing; unpaid advising or consulting; attending/presenting at professional conferences/meetings, juried art shows; and professional activities such as representing the university on corporate or volunteer boards, journal editorial boards, serving on grant study sections, etc.
 - While these activities may result in honoraria, per diem, and/or out of pocket expense reimbursements, for the purposes of this policy, these payments are not considered compensation for work effort.

Request for Approval	Time Reporting	Impact on Annual Leave
OA-1 <i>(new multilevel approval)</i>	Outside Activity – Uncompensated	No leave is required



Outside Activity – Clinical Practice

- **All clinical practice by faculty members must be conducted under the approved faculty practice plans of each respective college and is subject to the respective practice plan bylaws.**
 - When clinical practice is conducted under an approved faculty practice and part of the faculty member’s regular assigned effort, such effort is not considered an Outside Activity.
 - However, clinical practice by faculty within Schools or Colleges that do not have a faculty practice (e.g. Psychology, Sociology) is considered an Outside Activity and is subject to approval.
- **Clinical practice performed outside an approved faculty practice plan is not covered by AU-related malpractice insurance.**
- **Note: This activity is vary rare and requires additional approval prior to participation.**

Request for Approval	Time Reporting	Impact on Annual Leave
OA-1 <i>(new multilevel approval)</i>	Outside Activity – Clinical	Annual Leave* is required for those who earn leave if the activity is performed during the employee’s usual working hours. * http://Oneusg.augusta.edu

Form and Documentation

- **International travel – Submit an agenda/itinerary at least 20-30 days ahead of time**
- **Regular travel – submit an agenda/itinerary at least 7-10 days ahead of time**
- **Ensure the estimated time involved for the activity reflects the time engaged in the outside activity**
 - **Examples**
 - A professional is invited to speak at a conference for 1 day and attends the conference for all 7 days
 - A professional is completing a site visit at another institute for a professional accreditation organization for 3 days including travel



Examples:

A faculty member goes off campus to observe a student teacher as part of their faculty role

- This time will be recorded as off campus time

Faculty member is collaborating with faculty at another university on a project

- If MCG will benefit from this collaboration, time will be coded as OC

A faculty member will be traveling after hours on Friday to Atlanta for a weekend conference (attending only)

- A Travel Authorization form should be completed for this but per HR, an OA-1 should not because it takes place during their off time



Example:

A professional is invited to speak at a conference for 1 day and attends the conference for all 7 days

<small>Include the name and the address of responsible person(s).</small>			
Organization Name	Radiological Society of North America (RSNA)		
Address	820 Jorie Blvd., Suite 200		
	Oak Brook	Illinois	60523
Point of Contact	Dr. Shelly Stephens	Professor	
ACTIVITY INFORMATION			
Location where services will be performed	<input type="checkbox"/> Virtually <small>(from on-campus or other location)</small>	Please specify if other location	
	<input checked="" type="checkbox"/> Offsite Location	Oak Brook, IL	
Will any University resources be required? <small>(e.g., copier, email, PC, administrative support, lab facilities, travel, per diem, etc.)</small>	<input type="checkbox"/> Yes	If 'Yes' is selected, describe and attach a plan for reimbursing the institution for these.	
	<input checked="" type="checkbox"/> No		
Nature of Proposed Activity	Attend and present a seminar at the 106th RSNA Annual Conference		
	Exposes me to fellow radiologists and allows me to share my work		
Estimated time involved	7 of days	of hours	
Time Period Covered	Start Date: 11/29/2020	End Date: 12/05/2020	
Will work be performed entirely outside of usual working hours?	<input type="checkbox"/> Yes	Sun is selected, please describe Sat	
	<input checked="" type="checkbox"/> No		
Will the sponsoring organization cover expenses? <small>(e.g., travel, per diem)</small>	<input type="checkbox"/> Yes	Estimated at \$_____.	
	<input checked="" type="checkbox"/> No		
Compensation Amount	<input checked="" type="checkbox"/> None	<input type="checkbox"/> \$_____ to AU/AURI/Foundation	
	<input type="checkbox"/> \$_____ to employee	<input type="checkbox"/> \$_____ to Other: _____	
Honorarium Amount	<input checked="" type="checkbox"/> None	<input type="checkbox"/> \$_____ to AU/AURI/Foundation	
	<input type="checkbox"/> \$_____ to employee		
Other Income Expected	<input checked="" type="checkbox"/> None	<input type="checkbox"/> \$_____ to Other: _____	
	<input type="checkbox"/> \$_____ Royal to employee		
Based on the AU Policy and the attestation as to the nature of the work and related compensation, etc., I, employee named above, believe this activity qualifies as an:			
<input type="checkbox"/> Outside Activity – Compensated		<input checked="" type="checkbox"/> Outside-Activity – Uncompensated	
<input type="checkbox"/> Outside Activity – Clinical Practice			

1 day – OA Uncompensated; 4 days – OC; 2 days – OC Weekend

Example:

A faculty member has been asked to present a seminar at another institution and meet with faculty

SPONSOR INFORMATION	
Include the name and the address of responsible person(s).	
Organization Name	University of Tennessee Health Science Center
Address	920 Madison Avenue
	Memphis Tennessee 38163
Point of Contact	Janine Titchell Sr. Administrative Assistant
ACTIVITY INFORMATION	
Location where services will be performed	<input type="checkbox"/> Virtually (from on-campus or other location) Please specify if other location <input checked="" type="checkbox"/> Offsite Location Memphis, TN
Will any University resources be required? (e.g., copier, email, PC, administrative support, lab facilities, travel, per diem, etc.)	<input type="checkbox"/> Yes If "Yes" is selected, describe and attach a plan for reimbursing the institution for these. <input checked="" type="checkbox"/> No
Nature of Proposed Activity	To complete a site visit for professional accreditation Increase national visibility
Estimated time involved	3 of days of hours
Time Period Covered	Start Date: 12/15/2019 End Date: 12/17/2019
Will work be performed entirely outside of usual working hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No" is selected, please describe Tue Thu
Will the sponsoring organization cover expenses? (e.g., travel, per diem)	<input checked="" type="checkbox"/> Yes Estimated at \$ 800.00 <input type="checkbox"/> No
Compensation Amount	<input checked="" type="checkbox"/> None <input type="checkbox"/> \$ _____ to AU/AURI/Foundation <input type="checkbox"/> \$ _____ to employee <input type="checkbox"/> \$ _____ to Other: _____
Honorarium Amount	<input type="checkbox"/> None <input type="checkbox"/> \$ _____ to AU/AURI/Foundation <input checked="" type="checkbox"/> \$ _____ to employee
Other Income Expected	<input checked="" type="checkbox"/> None 500 <input type="checkbox"/> \$ _____ to Other: _____ <input type="checkbox"/> \$ _____ Royal to employee
Based on the AU Policy and the attestation as to the nature of the work and related compensation, etc., I, employee named above, believe this activity qualifies as an:	
<input type="checkbox"/> Outside Activity – Compensated <input checked="" type="checkbox"/> Outside-Activity – Uncompensated <input type="checkbox"/> Outside Activity – Clinical Practice	

3 days – OA Uncompensated

Example:

A faculty member has been asked to review grant studies for the National Institutes of Health (NIH)

SPONSOR INFORMATION	
Include the name and the address of responsible person(s).	
Organization Name	National Institutes of Health
Address	6701 Rockledge Drive, Room 5202
	Bethesda Maryland 20892
Point of Contact	Nataliya Godienko Scientific Review Officer
ACTIVITY INFORMATION	
Location where services will be performed	<input checked="" type="checkbox"/> Virtually (from on-campus or other location) Please specify if other location <input type="checkbox"/> Offsite Location Please specify if offsite location
Will any University resources be required? (e.g., copier, email, PC, administrative support, lab facilities, travel, per diem, etc.)	<input type="checkbox"/> Yes If 'Yes' is selected, describe and attach a plan for reimbursing the institution for these. <input checked="" type="checkbox"/> No
Nature of Proposed Activity	Participate in NIH grant study Increase national visibility and strengthen external collaboration
Estimated time involved	2 of days of hours
Time Period Covered	3 Start Date: 10/12/2020 End Date: 10/14/2020
Will work be performed entirely outside of usual working hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No' is selected, please describe Mon Wed
Will the sponsoring organization cover expenses? (e.g., travel, per diem)	<input checked="" type="checkbox"/> Yes Estimated at \$0.00 <input type="checkbox"/> No
Compensation Amount	<input checked="" type="checkbox"/> None <input type="checkbox"/> \$ _____ to AU/AURI/Foundation <input type="checkbox"/> \$ _____ to employee <input type="checkbox"/> \$ _____ to Other: _____
Honorarium Amount	<input type="checkbox"/> None <input type="checkbox"/> \$ _____ to AU/AURI/Foundation <input checked="" type="checkbox"/> \$400 to employee
Other Income Expected	<input checked="" type="checkbox"/> \$600 <input type="checkbox"/> \$ _____ to Other: _____ <input type="checkbox"/> \$ _____ Royal to employee
Based on the AU Policy and the attestation as to the nature of the work and related compensation, etc., I, employee named above, believe this activity qualifies as an:	
<input type="checkbox"/> Outside Activity – Compensated <input checked="" type="checkbox"/> Outside-Activity – Uncompensated <input type="checkbox"/> Outside Activity – Clinical Practice	

3 days – OA Uncompensated

Example:

Faculty member is driving to Atlanta, after work on Friday, to attend and present at the Fall CME meeting sponsored by the GA Chapter of the American Academy of Pediatrics.

Per HR, this is does not need to be reported because it takes place during the off hours of the individual

SPONSOR INFORMATION	
Include the name and the address of responsible person(s).	
Organization Name	GA Chapter American Academy of Pediatrics
Address	2205 Peachtree Street N
	Atlanta Georgia Zip code
Point of Contact	Name Title
ACTIVITY INFORMATION	
Location where services will be performed	<input checked="" type="checkbox"/> Virtually (from on-campus or other location) Please specify if other location <input checked="" type="checkbox"/> Offsite Location Atlanta, GA
Will any University resources be required? (e.g., copier, email, PC, administrative support, lab facilities, travel, per diem, etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' is selected, describe and attach a plan for reimbursing the institution for these.
Nature of Proposed Activity	Attend and present at the Fall CME Meeting Increase national visibility and strengthen external collaboration
Estimated time involved	2 of days of hours
Time Period Covered	Start Date: 10/31/2020 Fri End Date: 11/01/2020 Sat
Will work be performed entirely outside of usual working hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If 'No' is selected, please describe
Will the sponsoring organization cover expenses? (e.g., travel, per diem)	<input checked="" type="checkbox"/> Yes Estimated at \$ 400.00 <input type="checkbox"/> No
Compensation Amount	<input checked="" type="checkbox"/> None <input type="checkbox"/> \$ _____ to employee <input type="checkbox"/> \$ _____ to AU/AURI/Foundation <input type="checkbox"/> \$ _____ to Other: _____
Honorarium Amount	<input checked="" type="checkbox"/> None <input type="checkbox"/> \$ _____ to employee <input type="checkbox"/> \$ _____ to AU/AURI/Foundation
Other Income Expected	<input checked="" type="checkbox"/> None <input type="checkbox"/> \$ _____ Royal to employee <input type="checkbox"/> \$ _____ to Other: _____
Based on the AU Policy and the attestation as to the nature of the work and related compensation, etc., I, employee named above, believe this activity qualifies as an:	
<input type="checkbox"/> Outside Activity – Compensated <input type="checkbox"/> Outside Activity – Clinical Practice <input checked="" type="checkbox"/> Outside-Activity – Uncompensated	

2 days – Off Campus Weekend

Questions?

