

SENIOR MANAGEMENT GROUP MEMBER OUTSIDE PROFESSIONAL ACTIVITIES (OPA)

OPA REQUEST AND APPROVAL FORM - For Calendar Year: _____

Page ____ of ____

Non-Profit/For Profit Organization (N/P)				
Organization	Organization Name			
	Description of Service (Role)			
	Organization Website			
	Nature of Organization's Business/Charter			
Benefit To the University	Please provide a summary for each activity that describes the benefit that would accrue to the University if the OPA is approved.			
Recurring from Previous Year(s) (Y/N)				
Travel Costs	Estimated Travel Costs			
	Reimbursed or paid directly by Organization Served (Y/N)			
Anticipated Date(s) of Service				
Frequency of Service (Annual/Quarterly/Monthly/Other)				
Regarded as OPA ¹ - Indicate "O" (OPA), "A" (Academic), "J" (Job Expectations), "P" (Personal)				
Compensated Service ² (Y/N)				
Anticipated Hours of Service Per Year	Total Hours			
	During Business Hours			
	Outside Business Hours			
	Vacation Hours to be Taken (For Compensated Service During Business Hours Only)			
Financial Relationship	Does the organization earn income (charging for goods/services, vendor/supplier contract, etc.) from the University at any location in the system? Indicate Yes/No - If yes, provide details			
	Will you be involved in financial decisions ³ for the organization? Indicate Yes/No - If yes, provide details			
	Can you refrain from involvement in financial decisions, if necessary? Provide details.			
Types of Compensation Anticipated - (Y/N) and Amount(s) (Please attach a Detailed Information Form for each compensated activity ²)	Honorarium and/or Cash			
	Deferred Cash			
	Stock Grant			
	Other Comp			

¹ SMG Member and Approvers: Please list all activities including speaking engagements and indicate if you are regarding the listed activity as an Outside Professional Activity (OPA) per Regents Policy 7707 - Senior Management Group Outside Professional Activities Section II. Or if the activity is considered non-OPA for reporting purposes due to being part of your job expectations (J), essential to remaining current in your academic field (A), and/or a personal interest activity unrelated to your professional expertise (P).

² A Detailed Information Form is required for all compensated Outside Professional Activities (OPAs) including recurring activities from previous years and any anticipated compensation other than travel costs (i.e., income, honorariums, loans, gifts, or any other form of remuneration).

³ Do you anticipate making, participating in making, or influencing any University decisions regarding the entity including decisions that could have a financial effect on the entity? This includes, but is not limited to areas such as purchasing, contract approval, real estate, and/or investments.

Please Note: The SMG member and approving authority's responsibilities are described in Regents Policy 7707 - Senior Management Group Outside Professional Activities, and specifically in Sections III.A.1 and III.A.2.

Reference Documents: [Regents Policy 7707 - SMG OPA](#) [CA Political Reform Act](#) [Conflict of Interest Coordinators](#)

SMG Member:

- I certify that the information on this form and the attached Detailed Information Form(s), if any, provide(s) an accurate description, to the best of my ability, of the activities I propose to engage in during the calendar year indicating which activities are considered Outside Professional Activities per Regents Policy 7707.
- I understand that it is my responsibility to comply with the California Political Reform Act and that I should seek advice if I have questions.
- I certify that I have complied with Regents Policy 7707 - Senior Management Group Outside Professional Activities.

SMG Member Signature: _____ Date: _____
 Printed Name: _____ Location: _____ Title: _____

1st Level Manager: I certify that I have reviewed the activities above, that they are permissible, and that the notation of each activity as non-OPA and/or OPA is per Regents Policy 7707, and that I approve.

1st Level Manager Signature: _____ Date: _____
 Printed Name: _____ Location: _____ Title: _____

2nd Level Manager: I certify that I have reviewed the activities above, that they are permissible, and that the notation of each activity as non-OPA and/or OPA is per Regents Policy 7707, and that I approve.

2nd Level Manager Signature: _____ Date: _____
 Printed Name: _____ Location: _____ Title: _____