

**SENIOR MANAGEMENT GROUP MEMBER OUTSIDE PROFESSIONAL ACTIVITIES (OPA)
2014 OPA PRE-APPROVAL FORM**

Comp Service (Y/N)	Name of Organization	Non-Profit/ For Profit	Description of Service	Anticipated Hours of Service/Year		Vacation Hours to Debit (For Serv During Bus Hours Only)	Anticipated Compensation		Long-Term Incentives				
				During Bus Hours	Outside Bus Hours		Cash Comp	Deferred or Other Comp	Grant Type	No. Shares Granted	Strike Price per Share	Vesting Schedule	

We are requesting additional information regarding some OPAs on the Detailed Information Form. You do not need to complete the Detailed Information Form if you are seeking pre-approval for an OPA that you participated in last year, as long as your role and compensation in connection with that OPA has not changed. You also do not need to complete this form if you are seeking pre-approval for an OPA with a 501(c)(3) entity, as long as you do not receive income, honorarium, loans, gifts, or payments of any sort from the entity (other than travel reimbursements or per diem). Please complete the attached Detailed Information Form for any other kind of OPA (e.g., a new OPA with a for-profit, a 501(c)(6) entity, or a new paid OPA with a 501(c)(3) entity).

Employee:

- I certify that the information on this form and the attached Detailed Information Form(s), if any, provides an accurate description, to the best of my ability, of the OPA(s) I propose to engage in during calendar year 2014 and that these activities are permissible under policy.
- 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.
[Click here to view the Act: http://www.fppc.ca.gov/index.php?id=51](http://www.fppc.ca.gov/index.php?id=51)
- I certify that I have complied with University of California Regents Policy 7707 - Senior Management Group Outside Professional Activities.
[Click here to view the policy: http://atyourservice.ucop.edu/employees/policies_employee_labor_relations/personnel_policies/smg-opa-policy_faqs-6-5-12.pdf](http://atyourservice.ucop.edu/employees/policies_employee_labor_relations/personnel_policies/smg-opa-policy_faqs-6-5-12.pdf)

Employee Name: _____
(please print)

Employee Signature: _____ Date: _____

Supervisor: I certify that I have reviewed the OPA above, that it is permissible under policy, and that I approve.

Supervisor Signature: _____ Date: _____

Notes:

Your location's Conflict of Interest Coordinator can be located at <http://www.ucop.edu/oqc/coi/coord.html>.
The SMG member's responsibility and the supervisor's (approving authority) responsibility are described in the Policy, titled Senior Management Group Outside Professional Activities, and specifically in Sections III.A.1 and III.A.2.