

The University of Texas Health Science Center at San Antonio

SERVICE ON OUTSIDE BOARDS

Name: _____

Department: _____

Contact Phone Number: _____

For each outside board you serve on, provide the following information:

Name of Board	Number of Hours Required for Service	Specify Hours are Monthly, Quarterly, or Annually	Are You Compensated? (Yes or No)	Are You Protected Under Director/Officers Liability Insurance? (Yes or No)	Liability Coverage Provides for General Indemnification? (Yes or No)
1)					
2)					
3)					
4)					
5)					
6)					

Department Chair or Director's Signature of Approval

Approval by Executive Committee Member

President's Approval, If Applicable