

**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