

**SENIOR MANAGEMENT GROUP MEMBER
ANTICIPATED OUTSIDE PROFESSIONAL ACTIVITIES (OPA)**

SMG Name: _____ Location: _____ For Calendar Year: _____ Page ____ of ____

Rev. 8.24.20

Organization	Organization Name				
	Indicate if Non-Profit or For Profit Org				
	Role (Description of Service, e.g. Board Member, Advisor, Consultant, etc.)				
	Organization Website				
	Nature of Organization's Business/Charter				
Benefit To the University	Please provide a summary that describes the benefit that accrues to the University by your participation in this activity.				
Activity Details	Type of Activity - Indicate "O" (OPA), "A" (Academic), "J" (Job Expectations), "P" (Personal)	Recurring from Previous Year(s) (Y/N)	Anticipated Date(s) of Service	Frequency of Service (Annual/Quarterly/Monthly/Other)	
Anticipated Hours of Service Per Year (For Compensated Activities, Vacation required to be taken for activities during business hours)		Total Hours	During Business Hours	Outside Business Hours	Vacation Hours to be Taken
Compensated OPA (Please attach a Detailed Information Form ¹)					
Types and Amount of Compensation Anticipated (Please provide additional details for Stock Grants and Other Comp)		Cash/Honorarium	Deferred Cash	Stock Grant	Other Comp
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 ² for the organization? Indicate Yes/No - If yes,	Can you refrain from involvement in financial decisions, if necessary? Provide details.	Can you refrain from involvement in financial decisions, if necessary? Provide details.	

¹ 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).

² Please indicate if 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 Section III

Reference Documents: [Regents Policy 7707 - SMG OPA Detailed Information Form](#) [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, they are compatible with the SMG member's University duties, and I approve participation in the activity.

1st Level Manager Signature: _____ Date: _____

Printed Name: _____ Location: _____ Title: _____

2nd Level Manager: I certify that I have reviewed the activities above, they are compatible with the SMG member's University duties, and I approve participation in the activity.

2nd Level Manager Signature: _____ Date: _____

Printed Name: _____ Location: _____ Title: _____