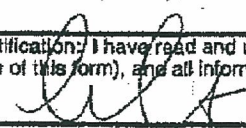
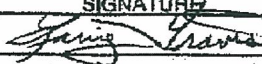
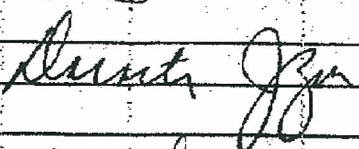
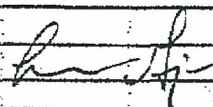


EXHIBIT 5

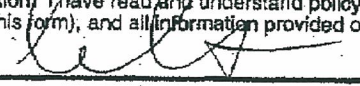

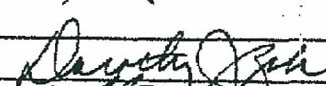

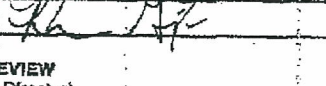
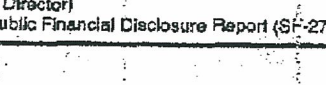
GODDARD SPACE FLIGHT CENTER

PERMISSION TO ENGAGE IN OUTSIDE EMPLOYMENT OR ACTIVITY
(See Restrictions on Reverse)

In accordance with 5 CFR 6901.103 I hereby request approval of outside employment or other outside activity.					
NAME Gavin A. Schmidt					
PRESENT POSITION (Title and Grade) Physical Scientist GS-15		ORGANIZATION CODE 610	PUBLIC FINANCIAL DISCLOSURE REPORT FILER (SF 278) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
DESCRIPTION OF OUTSIDE EMPLOYMENT OR ACTIVITY (include a description of the scope of any professional services as applicable and the types of clients to whom you expect to market your services) Contributing to an independent and voluntary blog on climate change (RealClimate.org) This involves discussions with the public about climate science and is run as a voluntary group effort by multiple scientists at multiple institutions around the world.					
REIMBURSEMENT EXPECTED: \$ None PER PER					
NAME OF PROSPECTIVE EMPLOYER/AFFILIATE (include the type of business; e.g. corporation, partnership, etc.) RealClimate.org has no corporate or legal standing. Web Hosting is provided by Science Communication Network, a private non-profit foundation-supported educational organization.		ESTIMATED TOTAL TIME PER WEEK TO BE DEVOTED TO OUTSIDE EMPLOYMENT OR OTHER OUTSIDE ACTIVITY (Per year if on a continuing basis) ~10 hrs/week (spare time/weekends)			
OUTSIDE EMPLOYMENT OR OTHER ACTIVITY WILL BE PERFORMED BEYOND NORMAL DUTY HOURS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", ESTIMATE HOURS AWAY FROM REGULAR JOB AND METHOD OF ACCOUNTING FOR ABSENCE (Permission does not constitute approval of leave, LWOP, or a work schedule change.)		IN THE PERFORMANCE OF YOUR NASA DUTIES, HAVE YOU PARTICIPATED IN OR ARE YOU NOW PARTICIPATING IN OR DO YOU HAVE RESPONSIBILITY FOR ANY MATTERS INVOLVING YOUR PROSPECTIVE EMPLOYER/AFFILIATE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES", EXPLAIN ON SEPARATE SHEET AND ATTACH			
Employee Certification: I have read and understand policy and regulations governing outside employment by NASA employees (see next page of this form), and all information provided on this form is complete to the best of my knowledge.					
(Signed) 		(Date) 12 Jan 2010			
CONCURRENCES					
CODE	ORGANIZATION DESIGNATION	YES	NO	SIGNATURE	DATE
610	IMMEDIATE SUPERVISOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1/22/10
*	BRANCH HEAD (optional per Directorate policy)	<input type="checkbox"/>	<input type="checkbox"/>		
610	DIVISION CHIEF	<input checked="" type="checkbox"/>	<input type="checkbox"/>		2/22/10
*600	DIRECTOR OF (optional per Directorate policy)	<input type="checkbox"/>	<input type="checkbox"/>		
	OFFICE OF HUMAN RESOURCES	<input type="checkbox"/>	<input type="checkbox"/>		
140	OFFICE OF CHIEF COUNSEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>		2/4/10
*Directorate policy must be filed with DHR and Office of Chief Counsel.					
FINAL REVIEW (Office of the Director) (Associate Administrator for Human Resources for Public Financial Disclosure Report (SF-278) Filers)					
ACTION (See restrictions on reverse) <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		SIGNATURE		DATE	
This approval is valid for a period of three years. Participation in the described activity beyond that date or any change in your duties, nature of the employer's business or in the scope of your outside activities will require resubmission and reapproval of this request.					

GODDARD SPACE FLIGHT CENTER

PERMISSION TO ENGAGE IN OUTSIDE EMPLOYMENT OR ACTIVITY
(See Restrictions on Reverse)

In accordance with 5 CFR 6901.103 I hereby request approval of outside employment or other outside activity.					
NAME Gavin A. Schmidt					
PRESENT POSITION (Title and Grade) Physical Scientist GS-15		ORGANIZATION CODE 610	PUBLIC FINANCIAL DISCLOSURE REPORT FILER (SF 278) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
DESCRIPTION OF OUTSIDE EMPLOYMENT OR ACTIVITY (include a description of the scope of any professional services as applicable and the types of clients to whom you expect to market your services) Guest lecturing for a Masters program in Science Journalism at the Columbia University School of Journalism. This is for 4 guest lectures/classes, one semester a year.					
REIMBURSEMENT EXPECTED: \$ 2000 PER year					
NAME OF PROSPECTIVE EMPLOYER/AFFILIATE (include the type of business; e.g. corporation, partnership, etc.) Columbia University is a private university in New York City		ESTIMATED TOTAL TIME PER WEEK TO BE DEVOTED TO OUTSIDE EMPLOYMENT OR OTHER OUTSIDE ACTIVITY (Per year if on a continuing basis) 4 hours per class for 4 classes.			
OUTSIDE EMPLOYMENT OR OTHER ACTIVITY WILL BE PERFORMED BEYOND NORMAL DUTY HOURS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4 hours for each class IF "NO", ESTIMATE HOURS AWAY FROM REGULAR JOB AND METHOD OF ACCOUNTING FOR ABSENCE (Permission does not constitute approval of leave, LWOP, or a work schedule change.) * TIME WILL BE MADE UP OVER THE WEEK		IN THE PERFORMANCE OF YOUR NASA DUTIES, HAVE YOU PARTICIPATED IN OR ARE YOU NOW PARTICIPATING IN OR DO YOU HAVE RESPONSIBILITY FOR ANY MATTERS INVOLVING YOUR PROSPECTIVE EMPLOYER/AFFILIATE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES", EXPLAIN ON SEPARATE SHEET AND ATTACH			
Employee Certification: I have read and understand policy and regulations governing outside employment by NASA employees (see next page of this form), and all information provided on this form is complete to the best of my knowledge.					
(Signed) 		(Date) 12 JAN 2010			
CONCURRENCES					
CODE	ORGANIZATION DESIGNATION	YES	NO	SIGNATURE	DATE
610	IMMEDIATE SUPERVISOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1/22/10
*	BRANCH HEAD (optional per Directorate policy)	<input type="checkbox"/>	<input type="checkbox"/>		
610	DIVISION CHIEF	<input checked="" type="checkbox"/>	<input type="checkbox"/>		2/22/10
*600	DIRECTOR OF (optional per Directorate policy)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		2-23-10
	OFFICE OF HUMAN RESOURCES	<input checked="" type="checkbox"/>	<input type="checkbox"/>		3/2/10
140	OFFICE OF CHIEF COUNSEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>		3/4/10
*Directorate policy must be filed with OHR and Office of Chief Counsel.					
FINAL REVIEW (Office of the Director) (Associate Administrator for Human Resources for Public Financial Disclosure Report (SF-278) Filers)					
ACTION (See restrictions on reverse) <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		SIGNATURE		DATE	
This approval is valid for a period of three years. Participation in the described activity beyond that date or any change in your duties, nature of the employer's business or in the scope of your outside activities will require resubmission and reapproval of this request.					

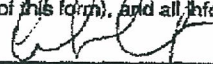
GODDARD SPACE FLIGHT CENTER

PERMISSION TO ENGAGE IN OUTSIDE EMPLOYMENT OR ACTIVITY
(See Restrictions on Reverse)

In accordance with 5 CFR 6901.103 I hereby request approval of outside employment or other outside activity.					
NAME <u>GAVIN SCHMIDT</u>					
PRESENT POSITION (Title and Grade) <u>PHYSICIAN SCIENTIST GS14</u>		ORGANIZATION CODE <u>611</u>	PUBLIC FINANCIAL DISCLOSURE REPORT FILER (SF 278) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
DESCRIPTION OF OUTSIDE EMPLOYMENT OR ACTIVITY (include a description of the scope of any professional services as applicable and the types of clients to whom you expect to market your services) <u>CO-EDITING A BOOK ON CLIMATE CHANGE FOR THE GENERAL PUBLIC</u>					
REIMBURSEMENT EXPECTED: \$ <u>2000 - 4000</u> <u>PER</u> <u>TRVL</u>					
NAME OF PROSPECTIVE EMPLOYER/AFFILIATE (include the type of business; e.g. corporation, partnership, etc.) <u>W.W. NORTON PUBLISHER</u>		ESTIMATED TOTAL TIME PER WEEK TO BE DEVOTED TO OUTSIDE EMPLOYMENT OR OTHER OUTSIDE ACTIVITY (Per year if on a continuing basis) <u>15-20 hours</u>			
OUTSIDE EMPLOYMENT OR OTHER ACTIVITY WILL BE PERFORMED BEYOND NORMAL DUTY HOURS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", ESTIMATE HOURS AWAY FROM REGULAR JOB AND METHOD OF ACCOUNTING FOR ABSENCE (Permission does not constitute approval of leave, LWOP, or a work schedule change.)		IN THE PERFORMANCE OF YOUR NASA DUTIES, HAVE YOU PARTICIPATED IN OR ARE YOU NOW PARTICIPATING IN OR DO YOU HAVE RESPONSIBILITY FOR ANY MATTERS INVOLVING YOUR PROSPECTIVE EMPLOYER/AFFILIATE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES", EXPLAIN ON SEPARATE SHEET AND ATTACH			
Employee Certification: I have read and understand policy and regulations governing outside employment by NASA employees (see next page of this form), and all information provided on this form is complete to the best of my knowledge. (Signed) <u>[Signature]</u> (Date) <u>1 MAY 2007</u>					
CONCURRENCES					
CODE	ORGANIZATION DESIGNATION	YES	NO	SIGNATURE	DATE
	IMMEDIATE SUPERVISOR	✓		<u>[Signature]</u>	<u>5/17/07</u>
*	BRANCH HEAD (optional per Directorate policy)				
	DIVISION CHIEF	✓		<u>[Signature]</u>	<u>6/1/07</u>
*	DIRECTOR OF (optional per Directorate policy)	✓		<u>[Signature]</u>	<u>6/6/07</u>
	OFFICE OF HUMAN RESOURCES	✓		<u>[Signature]</u>	<u>6/20/07</u>
140	OFFICE OF CHIEF COUNSEL	✓		<u>[Signature]</u>	<u>6/29/07</u>
*Directorate policy must be filed with OHR and Office of Chief Counsel.					
FINAL REVIEW (Office of the Director) (Associate Administrator for Human Resources for Public Financial Disclosure Report (SF-278) Filers)					
ACTION (See restrictions on reverse) <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		SIGNATURE		DATE	
This approval is valid for a period of three years. Participation in the described activity beyond that date or any change in your duties, nature of the employer's business or in the scope of your outside activities will require resubmission and reapproval of this request.					



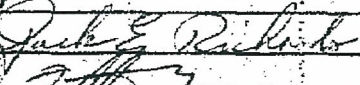
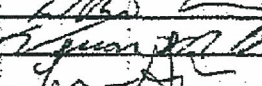
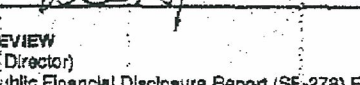
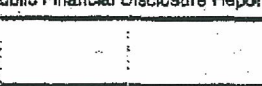
GODDARD SPACE FLIGHT CENTER

PERMISSION TO ENGAGE IN OUTSIDE EMPLOYMENT OR ACTIVITY
(See Restrictions on Reverse)

in accordance with 5 CFR 6901.103 I hereby request approval of outside employment or other outside activity.			
NAME Gavin A. Schmidt			
PRESENT POSITION (Title and Grade) Physical Scientist GS-15		ORGANIZATION CODE 611	PUBLIC FINANCIAL DISCLOSURE REPORT FILER (SF 278) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DESCRIPTION OF OUTSIDE EMPLOYMENT OR ACTIVITY (include a description of the scope of any professional services as applicable and the types of clients to whom you expect to market your services) Book Review for Chemical and Engineering News			
REIMBURSEMENT EXPECTED: \$ 400 PER (single payment)			
NAME OF PROSPECTIVE EMPLOYER/AFFILIATE (include the type of business; e.g. corporation, partnership, etc.) Chemical and Engineering News is a publication of the American Chemistry Society		ESTIMATED TOTAL TIME PER WEEK TO BE DEVOTED TO OUTSIDE EMPLOYMENT OR OTHER OUTSIDE ACTIVITY (Per year if on a continuing basis) 20 hours spread over a month	
OUTSIDE EMPLOYMENT OR OTHER ACTIVITY WILL BE PERFORMED BEYOND NORMAL DUTY HOURS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", ESTIMATE HOURS AWAY FROM REGULAR JOB AND METHOD OF ACCOUNTING FOR ABSENCE (Permission does not constitute approval of leave, LWOP, or a work schedule change.)		IN THE PERFORMANCE OF YOUR NASA DUTIES, HAVE YOU PARTICIPATED IN OR ARE YOU NOW PARTICIPATING IN OR DO YOU HAVE RESPONSIBILITY FOR ANY MATTERS INVOLVING YOUR PROSPECTIVE EMPLOYER/AFFILIATE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES", EXPLAIN ON SEPARATE SHEET AND ATTACH	
Employee Certification: I have read and understand policy and regulations governing outside employment by NASA employees (see next page of this form), and all information provided on this form is complete to the best of my knowledge.			
(Signed) 		(Date) 10 June 2010	
CONCURRENCES			
CODE	ORGANIZATION DESIGNATION	YES	NO
610	IMMEDIATE SUPERVISOR	<input type="checkbox"/>	<input type="checkbox"/>
*	BRANCH HEAD (optional per Directorate policy)	<input type="checkbox"/>	<input type="checkbox"/>
	DIVISION CHIEF	<input type="checkbox"/>	<input type="checkbox"/>
*	DIRECTOR OF (optional per Directorate policy)	<input type="checkbox"/>	<input type="checkbox"/>
	OFFICE OF HUMAN RESOURCES	<input type="checkbox"/>	<input type="checkbox"/>
140	OFFICE OF CHIEF COUNSEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Directorate policy must be filed with OHR and Office of Chief Counsel.			
FINAL REVIEW (Office of the Director) (Associate Administrator for Human Resources for Public Financial Disclosure Report (SF-278) Filers)			
ACTION (See restrictions on reverse): <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		SIGNATURE	DATE
This approval is valid for a period of three years. Participation in the described activity beyond that date or any change in your duties, nature of the employer's business or in the scope of your outside activities will require resubmission and reapproval of this request.			

GODDARD SPACE FLIGHT CENTER

PERMISSION TO ENGAGE IN OUTSIDE EMPLOYMENT OR ACTIVITY
(See Restrictions on Reverse)

In accordance with 5 CFR 6901.103 I hereby request approval of outside employment or other outside activity.					
NAME Gavin A. Schmidt					
PRESENT POSITION (Title and Grade) Physical Scientist GS-15		ORGANIZATION CODE 611	PUBLIC FINANCIAL DISCLOSURE REPORT FILER (SF 278) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
DESCRIPTION OF OUTSIDE EMPLOYMENT OR ACTIVITY (Include a description of the scope of any professional services as applicable and the types of clients to whom you expect to market your services) Internal book review for Columbia University Press					
REIMBURSEMENT EXPECTED: \$ 300 PER (single payment)					
NAME OF PROSPECTIVE EMPLOYER/AFFILIATE (include the type of business; e.g. corporation, partnership, etc.) Columbia University Press is a private publisher of academic and trade books.		ESTIMATED TOTAL TIME PER WEEK TO BE DEVOTED TO OUTSIDE EMPLOYMENT OR OTHER OUTSIDE ACTIVITY (Per year if on a continuing basis) 20 hours spread over a month			
OUTSIDE EMPLOYMENT OR OTHER ACTIVITY WILL BE PERFORMED BEYOND NORMAL DUTY HOURS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", ESTIMATE HOURS AWAY FROM REGULAR JOB AND METHOD OF ACCOUNTING FOR ABSENCE (Permission does not constitute approval of leave, LWOP, or a work schedule change.)		IN THE PERFORMANCE OF YOUR NASA DUTIES, HAVE YOU PARTICIPATED IN OR ARE YOU NOW PARTICIPATING IN OR DO YOU HAVE RESPONSIBILITY FOR ANY MATTERS INVOLVING YOUR PROSPECTIVE EMPLOYER/AFFILIATE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES", EXPLAIN ON SEPARATE SHEET AND ATTACH			
Employee Certification: I have read and understand policy and regulations governing outside employment by NASA employees (see next page of this form), and all information provided on this form is complete to the best of my knowledge.					
(Signed) 		(Date) 10 JUNE 2010			
CONCURRENCES					
CODE	ORGANIZATION DESIGNATION	YES	NO	SIGNATURE	DATE
610	IMMEDIATE SUPERVISOR				6/10/2010
*	BRANCH HEAD (optional per Directorate policy)				
610	DIVISION CHIEF				6/11/10
*600	DIRECTOR OF (optional per Directorate policy)				6/15/10
110	OFFICE OF HUMAN RESOURCES				6/22/10
140	OFFICE OF CHIEF COUNSEL				6/23/10
*Directorate policy must be filed with OHR and Office of Chief Counsel.					
FINAL REVIEW (Office of the Director) (Associate Administrator for Human Resources for Public Financial Disclosure Report (SF-278) Filers)					
ACTION (See restrictions on reverse) <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		SIGNATURE		DATE	
This approval is valid for a period of three years. Participation in the described activity beyond that date or any change in your duties, nature of the employer's business or in the scope of your outside activities will require resubmission and reapproval of this request.					

EXECUTIVE CORRESPONDENCE

in accordance with 5 CFR 6901.103 I hereby request approval of outside employment or other outside activity.

NAME Gavin A. Schmidt		ORGANIZATION CODE 611	PUBLIC FINANCIAL DISCLOSURE REPORT FILER (SF 278) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
PRESENT POSITION (Title and Grade) Scientist GS14/04		DESCRIPTION OF OUTSIDE EMPLOYMENT OR ACTIVITY (include a description of the scope of any professional services as applicable and the types of clients to whom you expect to market your services) Attend NRC discussion on the attribution of climate changes to solar activity in Washington D.C. Includes transportation.			
REIMBURSEMENT EXPECTED: \$ 330		PER one time			
NAME OF PROSPECTIVE EMPLOYER/AFFILIATE (include the type of business; e.g. corporation, partnership, etc.) National Research Council, 500 Fifth St, NW Washington DC 20001		ESTIMATED TOTAL TIME PER WEEK TO BE DEVOTED TO OUTSIDE EMPLOYMENT OR OTHER OUTSIDE ACTIVITY (Per year if on a continuing basis) Dec 8, 2008 8 hours - 1 time			
OUTSIDE EMPLOYMENT OR OTHER ACTIVITY WILL BE PER- FORMED BEYOND NORMAL DUTY HOURS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", ESTIMATE HOURS AWAY FROM REGULAR JOB AND METHOD OF ACCOUNTING FOR ABSENCE (Permission does not constitute approval of leave, LWOP, or a work schedule change.)		IN THE PERFORMANCE OF YOUR NASA DUTIES, HAVE YOU PARTICIPATED IN OR ARE YOU NOW PARTICIPATING IN OR DO YOU HAVE RESPONSIBILITY FOR ANY MATTERS INVOLVING YOUR PROSPECTIVE EMPLOYER/AFFILIATE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES", EXPLAIN ON SEPARATE SHEET AND ATTACH			
Employee Certification: I have read and understand policy and regulations governing outside employment by NASA employees (see next page of this form), and all information provided on this form is complete to the best of my knowledge. (Signed) <i>[Signature]</i> (Date) Dec 17 2008					
CONCURRENCES					
CODE	ORGANIZATION DESIGNATION	YES	NO	SIGNATURE	DATE
	IMMEDIATE SUPERVISOR				
*	BRANCH HEAD Division Chief (optional per Directorate policy)	<input checked="" type="checkbox"/>		<i>[Signature]</i>	1/15/09
	DIVISION CHIEF Branch Head	<input checked="" type="checkbox"/>		<i>[Signature]</i>	12/18/08
*	DIRECTOR OF (optional per Directorate policy)	<input checked="" type="checkbox"/>		<i>[Signature]</i>	1/15/09
	OFFICE OF HUMAN RESOURCES	<input checked="" type="checkbox"/>		<i>[Signature]</i>	1/29/09
140	OFFICE OF CHIEF COUNSEL	<input checked="" type="checkbox"/>		<i>[Signature]</i>	2/4/09
* Directorate policy must be filed with OHR and Office of Chief Counsel.					
FINAL REVIEW (Office of the Director) (Associate Administrator for Human Resources for Public Financial Disclosure Report (SF-278) Filers)					
ACTION (See restrictions on reverse) <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		SIGNATURE		DATE	
This approval is valid for a period of three years. Participation in the described activity beyond that date or any change in your duties, nature of the employer's business or in the scope of your outside activities will require resubmission and reapproval of this request.					

GSFC 17-80 (9/00) Previous Editions are Obsolete

DO NOT WRITE ON THIS COVER AS IT IS INTENDED FOR RE-USE
RETURN IT WITH THE FILE COPIES TO ORIGINATING OFFICE