

**NOTICE OF INTENT TO ENGAGE IN
EXTERNAL PROFESSIONAL ACTIVITIES FOR PAY**

Date _____

(Name) _____

intends to engage in external professional activity for pay under the following conditions:

1. Name and address of contracting organization:

2. Nature of proposed activity:

3. Beginning date and anticipated duration of activity:

4. On average, how many hours per week will be devoted to this activity?

a. For 12-month employees, for the anticipated duration of the activity, within the current fiscal year ending June 30: _____

b. For 9-month employees, for each component part of the academic year, as applicable, within the current fiscal year ending June 30 (see Policy section 3.b.):

(1) Second summer session (post July 1) _____

(2) Fall semester _____

(3) Spring semester _____

(4) First summer session (pre July 1) _____

5. Total number of hours to be devoted to activity: _____

6. Identify any classes, meetings or other University duties that will be missed because of involvement in the proposed activity (respond separately for each applicable component part of the academic calendar if 9-month employee) and state what arrangements have been made to cover any such duties:

Duties Missed

Arrangements to Cover

7. Use of University resources in connection with proposed activity:

a. Will the activity entail the use of any University resources (see discussion at section 2.e. of Policy)?

() Yes () No

b. If yes, describe what resources will be used.

8. To your knowledge, does the contracting organization above provide funding which directly supports any of your University duties or activities?

() Yes () No

9. To be completed if the contracting organization is a private firm:

a. Do you or any member of your immediate family own an equity interest in the contracting organization?

() Yes () No

b. Do you hold an office in the contracting organization?

() Yes () No

10. Performance of the above described activity is consistent with the Board of Governors Policy on External Professional Activities.

Signature

Department

Academic Rank or Job Title

Administrative Title (if any)