EXTERNAL PROFESSIONAL ACTIVITIES FOR PAY

NOTICE OF INTENT

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 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 ____________________________ Academic Rank or Job Title ____________________________
Department ____________________________ Administrative Title (if any) ____________________________

(continued on reverse side)
EXTERNAL PROFESSIONAL ACTIVITIES FOR PAY
ACTIVITY DURING PAST FISCAL YEAR

Provide the following information for each External Professional Activity for Pay in which you engaged during the last fiscal year preceding the date of filing of this "Notice of Intent." Did you have multiple activities? ( ) No ( ) Yes (If yes, continue listing on additional pages, and attach to this form).

1. Contracting organization:

2. Beginning and ending date of activity (if completed):

3. Average hours per week devoted to this activity:

4. Total number of hours devoted to this activity:

5. Nature of Professional Activity:

6. Date Notice of Intent was filed: __________________ Signature __________________

ADMINISTRATIVE ACTION ON NOTICE OF INTENT

1. Reviewed; activity determined to be consistent with University Policy:

   Date __________________ Department Head Signature __________________

   Other action (as required):

   Date __________________ Dean or Other Administrative Officer* Signature __________________

* Approval by Dean or other administrative officer to whom Department Head reports is required if question 8, or question 9.a. or 9.b. is answered in the affirmative.

2. Reviewed; activity determined not to be consistent with University policy:

   Date __________________ Department Head Signature __________________

   Action on appeal (if any):

   Date __________________ Action taken __________________

   Date __________________ Dean or Other Administrative Officer Signature __________________

   Date __________________ Action taken __________________

   Chancellor __________________

Any administrative action approving a "Notice of Intent" shall be effective only for the remaining balance of the fiscal year (in the case of 12-month employees) or for the balance of the academic year (for 9-month employees); see Policy Section 3.b.
### EXTERNAL PROFESSIONAL ACTIVITIES FOR PAY

#### ACTIVITY DURING PAST FISCAL YEAR

(Continuation of listing)

Provide the following information for each External Professional Activity for Pay in which you engaged during the last fiscal year preceding the date of filing of this "Notice of Intent."

1. Contracting organization:

2. Beginning and ending date of activity (if completed):

3. Average hours per week devoted to this activity:

4. Total number of hours devoted to this activity:

5. Nature of Professional Activity:

6. Date Notice of Intent was filed: Signature

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1. Contracting organization:

2. Beginning and ending date of activity (if completed):

3. Average hours per week devoted to this activity:

4. Total number of hours devoted to this activity:

5. Nature of Professional Activity:

6. Date Notice of Intent was filed: Signature

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1. Contracting organization:

2. Beginning and ending date of activity (if completed):

3. Average hours per week devoted to this activity:

4. Total number of hours devoted to this activity:

5. Nature of Professional Activity:

6. Date Notice of Intent was filed: Signature