

**EXTERNAL PROFESSIONAL ACTIVITIES FOR PAY NOTICE OF INTENT**

Date: \_\_\_\_\_

I, \_\_\_\_\_ intend 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:  

<u>Duties Missed</u>	<u>Arrangements to Cover</u>
_____	_____
_____	_____
_____	_____
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 next page)

**EXTERNAL PROFESSIONAL ACTIVITIES FOR PAY NOTICE OF INTENT**

**ACTIVITY DURING PAST FISCAL YEAR**

Date: \_\_\_\_\_

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: \_\_\_\_\_
- 
- 

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: \_\_\_\_\_
- 
- 

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: \_\_\_\_\_
- 
- 

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: \_\_\_\_\_
- 
-

**EXTERNAL PROFESSIONAL ACTIVITIES FOR PAY NOTICE OF INTENT**

**ADMINISTRATIVE ACTION ON NOTICE OF INTENT**

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

\_\_\_\_\_ Department Head Signature  
Date

Other action (as required): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Dean or Other Administrative Officer\* Signature  
Date  
*\*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.

\_\_\_\_\_ Department Head Signature  
Date

Action on appeal (if any):

\_\_\_\_\_ Action Taken  
Date

\_\_\_\_\_  
Dean or Other Administrative Officer\* Signature

\_\_\_\_\_ Action Taken  
Date

\_\_\_\_\_  
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.