

FAYETTEVILLE STATE UNIVERSITY

NOTICE OF INTENT TO ENGAGE IN
EXTERNAL PROFESSIONAL ACTIVITIES FOR PAY

Name: _____

Title/Rank: _____ Department/Unit: _____

Campus Address: _____ Campus Phone: _____

Please provide the information requested below if you are requesting authorization to engage in external professional activity for pay.

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 10, 11 and 12-month employees**, for the anticipated duration of the activity, within the current fiscal year ending June 30: _____ hours per week.

b. **For 9-month employees**, for each component part of the academic year, as applicable, within the current fiscal year ending June 30:

Second summer session (post July 1) _____ hours per week

Fall semester _____ hours per week

Spring semester _____ hours per week

First summer session (pre July 1) _____ hours per week

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 the *University's policy on Conflict of Interest and Commitment and External Professional Activities for Pay.*)

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 company:

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

Yes No

b. Do you hold an office in the contracting organization? If yes, please explain

Yes No

I have reviewed the University's policy on Conflict of Interest and Commitment and External Profession Activities for Pay and agree that the above described activity is consistent with this policy.

Signature

Date

ADMINISTRATIVE REVIEW AND ACTION ON NOTICE OF INTENT

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).

Department Chair/Unit Head

I have reviewed the reported activity and the materials submitted in support of the employee's request. I hereby:

- a. _____ Agree that the activity is consistent with University policy and approve the activity.
- b. _____ Do not agree that the activity is consistent with University policy and I do not approve the activity.

Signature

Date

Dean, Vice Chancellor or Chancellor

Approval by a Dean, Vice Chancellor or Chancellor to whom Department Chair or Unit Head reports is required if question 8 or question 9a or 9b is answered in the affirmative.

I have reviewed the reported activity and the materials submitted in support of the employee's request. I hereby:

- a. _____ Agree that the activity is consistent with University policy and approve the activity.
- b. _____ Do not agree that the activity is consistent with University policy and I do not approve the activity.

Signature

Date