

FAYETTEVILLE STATE UNIVERSITY
NOTICE OF INTENT TO ENGAGE IN EXTERNAL PROFESSIONAL ACTIVITIES

Senior Academic and Administrative Officers, faculty, and Exempt Professional Staff interested in engaging in an external professional activity (Activity) must complete this form and submit it to their unit heads no fewer than twenty (20) calendar days before the date the proposed Activity is to begin. Updated forms must be submitted throughout the year if changes arise.

A reportable Activity is one that (1) is not included within an employee's employment responsibilities/duties; (2) is performed for any entity, public or private, other than the University; and (3) is based upon the professional knowledge, experience, and abilities for which the University employs the Employee. The Activity does not have to be for pay in order to be reported.

Name: _____

Title/Rank: _____ Unit: _____

1. Name and address of entity: _____

2. To your knowledge, does the entity above provide funding that directly supports any of your University duties? **Yes** **No**

3. Please complete if the entity is a private company:

a. Do you or any member of your immediate family have any financial interest in the contracting entity? If yes, please explain. **Yes** **No**

b. Do you hold an office with the entity? If yes, please explain. **Yes** **No**

4. Nature of proposed Activity: _____

5. Beginning date and anticipated duration of Activity: _____

6. Will the Activity be for pay? **Yes** **No**
Activities for pay should be limited to no more than the equivalent of 20% of the Employee's contracted time during the appointment.
7. Average number of hours per week to be devoted to the Activity?
- a. 10, 11 and 12-month employees _____ hours per week
- b. 9-month employees Fall Semester _____ hours per week
 Spring Semester _____ hours per week
 Summer Session I (pre July 1) _____ hours per week
 Summer Session I (post July 1) _____ hours per week
8. Total number of hours during fiscal year (July 1st – June 30th) to be devoted to Activity _____
9. Identify classes, meetings, or other University duties that will be missed because of involvement in the proposed Activity (*identify the duties that will be missed based on the components of the academic year shown above, if 9-month employee*) and identify what arrangements have been made to cover such duties.
- | <u>Duties Missed</u> | <u>Arrangements to Cover</u> |
|----------------------|------------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
10. Use of University resources in connection with the proposed Activity:
- a. Will the activity entail the use of any University resources (see the *University's Conflict of Interest and Commitment and External Professional Activities policies*.) **Yes** **No**
- b. If yes, describe what resources will be used.
- _____
- _____

I have reviewed the University's *Conflict of Interest and Commitment* and *External Professional Activities* policies and agree that the information presented above is truthful and that the Activity described is consistent with these policies.

 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).

*Activities **for pay** should generally be limited to no more than the equivalent of twenty percent (20%) of the Employees' contracted time.*

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 the Department Chair or Unit Head reports is required if question 2 or question 3a or 3b 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

**THE COMPLETED FORM SHOULD BE PROVIDED TO
THE EMPLOYEE'S UNIT HEAD.**