

REPORT OF OUTSIDE EMPLOYMENT OR PROFESSIONAL ACTIVITY FOR FAU EMPLOYEES

Select: Original Submission Updated or Continuing Submission

This report of proposed outside employment/professional activity is completed to comply with the policies and regulations of the University. Please note that this report must be submitted and necessary approvals obtained on an annual basis for any activity continuing beyond June 30 of the year referenced. A separate report must be filed for each outside employment or outside activity. If several activities are engaged in with a single outside employer, these can be included in a single outside employment/activity report.

If the outside employment/activity involves an entity or agency doing business with or proposing to do business with the University at the time this form is completed, the employee should also attach a REPORT OF SPECIFIED INTEREST form.

EMPLOYEE INFORMATION

Employee Name	Title	Department/Unit
----------------------	--------------	------------------------

Employee Status: (please select one)

AMP SP Administrative Faculty 9 Month Instructional Faculty 12 Month Instructional Faculty

PROPOSED OUTSIDE EMPLOYMENT ACTIVITY

Name of Employer/Business Entity/Client	Location (City, State, Country)	Anticipated Start Date Outside Employment	Anticipated End Date Outside Employment
--	--	--	--

Avg # Hours per Week you will engage in this Outside Activity

Nature of Employment/Activity: (please check all that apply)

Employment Continuing Business Interest (including managerial interest or ownership position held by FAU employee, spouse or immediate family member) Other Professional Activity Other Compensated Activity

1. Description of Employment Activity (attach a page explaining the outside activity in detail including: a. Business structure (a corporation, partnership, LLC, individual, etc.); b. Name of business; c. List of clients; d. Nature of service or product supplied; e. Whether the activity is one that you could do as part of your FAU employment.)

2. Are FAU employees and/or students involved in the outside activity?

Yes No

Please list those students or employees

(Please use the green arrow to add a new line for each name)

3. Are you a faculty advisor or supervisor to any person listed in item 2 above?

Yes No

Please list those students or employees and your position in relation to them. (Type N/A next to the name of any person for whom you are not a faculty advisor or supervisor.)

Name	Position
-------------	-----------------

4. Total number of outside activity and financial interest reports submitted during this contractual period including this report.

5. Estimate of total number hours spent per week during this contractual period on all outside activities including this one.

6. Will University equipment, facilities, or services be used in the course of this activity?

Yes No (If yes, please attach a University Equipment, Facilities, and Services form with this request.)

7. Do you, your spouse, domestic partner, dependent or child have an interest in and/or an employment or contractual relationship with a business entity, including your own, that is or might be doing business with FAU or any of FAU's direct support organizations?

Yes No

Please list the outside entity and the division/department within FAU or the name of the FAU direct support organization included.

Outside Entity

Division/Department within FAU or name of the FAU direct support organization

Instructional faculty, please complete

Will classes be missed? Yes No

How will classes be covered?

All employees, please complete

Has leave request been submitted? Yes No N/A

Has leave request been approved? Yes No

I hereby certify that the outside employment or professional activity reported here does not constitute a conflict of interest under Chapter 112, Florida Statutes, and will not interfere with my assigned duties and responsibilities at Florida Atlantic University. I agree to notify the University immediately if the nature of the activity described in this report changes.

Employee Signature:

For chair/supervisor and dean/director, by approving below you certify that you have reviewed the above information with the applicant:

REVIEWER	REVIEWER'S SIGNATURE	DATE	APPROVAL
Chairperson or Supervisor			<input type="radio"/> Yes <input type="radio"/> No
Dean or Director			<input type="radio"/> Yes <input type="radio"/> No
Provost or VP			<input type="radio"/> Yes <input type="radio"/> No

Click on the button to create a PDF file and forward as follows: 1) Send to chairperson of your department or supervisor to review and sign; 2) Send to your dean or director to review and sign; 3) Send to Sponsored Programs in the Division of Research to review and sign or to the Provost office as indicated above.