

FAYETTEVILLE STATE UNIVERSITY

NOTICE OF INTENT TO ENGAGE IN EXTERNAL PROFESSIONAL ACTIVITIES FOR PAY

(To be completed only by Faculty and Non-Faculty employees exempt from the Human Resources Act)

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. Average number of hours per week to be devoted to the activity?

a. 10, 11 and 12-month employees _____ hours per week

a. 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

5. Total number of hours during fiscal year (July 1st – June 30th) to be devoted to activity _____.

6. 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

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. Please complete 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 External Profession Activities for Pay and agree that the information presented above is truthful and the 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

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