

DISCLOSURE OF OUTSIDE ACTIVITY

Remuneration of \$10,000 OR ABOVE from a Single Source or Time Commitment of MORE THAN ONE DAY Per Week

Instructions:

Complete the following form and submit it to your immediate supervisor before participating in any outside activity covered by UA Rule 3359-11-17 (B)(7)(c). Should you have any questions concerning the information required by this form, or any definitions contained herein, first consult the text and definitions contained within University Rule 3359-11-17. If you require additional assistance, then consult your immediate supervisor. **This form must be certified pursuant to UA Rule 3359-11-17 (B)(7)(c) before you may participate in the outside activity.**

Name: _____

Title: _____

Department(s): _____

Employer/Client: _____

Employer/Client's Address: _____

Employer/Client's telephone number: () _____

Nature of Outside Activity: What tasks are to be performed by the employee/consultant? (attach additional pages as needed)

Amount of Compensation: _____

Attach any additional documentation or a personal statement that you believe will help your supervisor in evaluating this request.

Affirmation

In submitting this form, I affirm that the above information is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Certification—Immediate Supervisor

Supervisor's Name: _____

Department: _____

Signature: _____ Date: _____

Certification—Dean; Division Director

Name: _____

Title: _____

Signature: _____ Date: _____