



REPORT OF OUTSIDE ACTIVITY

Employee's Name Title Department

NAME OF EMPLOYER/RECIPIENT OF SERVICES _____

NATURE & EXTENT OF ACTIVITY _____

FUNDING SOURCE IF COMPENSATED _____

LOCATION OF PROPOSED EMPLOYMENT/ACTIVITY _____

ANTICIPATED DATES OF ACTIVITY _____

Within the dates specified above, how much time will be spent?

Number of days per week: _____ Average number of hours per week: _____

During the course of this activity do you intend to use the facilities, equipment, or services of the College? _____
If yes, please specify.

Must you waive patent rights as a condition of this outside employment? _____
If yes, prior approval by the President is required. Please see article 18.4

Does this activity include employment with another state agency? _____
If Yes, dual compensation approval must be obtained **prior to** beginning employment.

Do you have previously filed reports of outside activity for the same academic term? _____
(Note: Approval is granted for no more than one fiscal year at a time. A new request must be filed each July 1 if period of activity is in excess of one fiscal year.)

I hereby certify that the outside activity reported here does not constitute a conflict of interest and will not interfere with my regular employment at New College of Florida.

Employee's Signature Date Received by Chair/Supervisor

| Reviewer | Reviewer's Signature | Report Accepted | Report Not Accepted/ Conference Requested | Date |
|------------------|----------------------|-----------------|--|------|
| Chair/Supervisor | | | | |
| Provost | | | | |
| President | | | | |

Date of Conference (if necessary): _____
Result of Conference: Approve: _____ Disapprove: _____