OFFICE OF HUMAN RESOURCES
OUTSIDE EMPLOYMENT REPORTING

NAME: ________________________________

Employing Department: ________________________________

Employee Type:
☐ Support
☐ Administrative
☐ Faculty

Please check the section that applies:

☐ I am currently employed outside the University and/or receive other compensation and understand that I have ten days to complete the attached Report of Outside Employment form, which must be approved by my supervisor and returned to:

Support and Administrative - Office of Human Resources
Faculty - Vice President of Academic Affairs

☐ I am not employed outside the University, neither do I receive any compensation outside my employment with the University; however, if I should become employed outside the University, I understand that I must report such employment within ten days of its commencement.

I have been provided with a copy of the University of North Florida's Policy on Outside Employment.

Signature: ________________________________ Date: ________________________________
University of North Florida
Disclosure of Outside Activity and Financial Interests

The University encourages employees to undertake outside activities, including compensated outside employment, which will be of public service or will increase their effectiveness through enhanced professional reputations and broadened experience relevant to their University function. However, notification and an opportunity to discuss proposed Outside Activity is necessary due to the special obligations and responsibilities of public employees pursuant to Chapter 112, Florida Statutes, the University’s Code of Ethics and the responsibility for full and competent performance of all duties pertinent to University employment.

Disclosure of Outside Activity and Financial Interests (“Outside Activity”) means disclosing any “private practice, private consulting, additional teaching or research or other activity, compensated or uncompensated, which is not part of the employee’s assigned duties and for which the University provides no compensation.”

YOU MUST SUBMIT THIS FORM IF YOU ARE A 9 OR 12 MONTH FACULTY MEMBER, FULL-TIME A&P OR USPS STAFF MEMBER AND IF:

• You propose to engage in any compensated or professional outside activity within the above definition or outside activity, AND/OR

• You propose to engage in any outside activity, compensated or uncompensated, for which you should reasonably conclude:
  1. May create or reasonably appear to create a conflict of interest, OR
  2. May otherwise interfere or reasonably appear to interfere with the full performance of your professional responsibilities or other institutional obligations.

IN ADDITION, YOU MUST:

• Submit the report and receive all required approvals prior to engaging in the subject activity.

• Complete a new Disclosure Form for each outside activity beginning July 1 of each year as approvals for Outside Activity expire June 30 and therefore must be renewed each fiscal year (July 1 to June 30). Those faculty members not present on campus on July 1 should promptly complete and file a new disclosure form for each outside activity upon returning to campus.

• Refrain from using facilities, equipment, supplies, services or staff of the University in connection with such outside activities without prior approval of the Vice President Administration and Finance, which may be conditional upon reimbursement.

• Take reasonable precautions to ensure that the outside employer or recipient of your services understands that you are engaging in such outside activity as a private citizen and not as an employee, agent, representative or spokesperson of the University.
DISCLOSURE OF OUTSIDE ACTIVITY AND FINANCIAL INTERESTS

In accordance with policies of the Board of Trustees and the University of North Florida and provisions of Collective Bargaining Agreements, this report of proposed outside activity or employment external to regularly assigned duties at the University of North Florida must be completed and approved before a faculty member, administrative employee or support employee engages in any outside activity. The nature and extent of the proposed outside activity or employment is as follows:

Employee Name: ____________________________  Employee Category: ____________________________

Employee Department: _______________________  Date: __________________

Name of employing or contracting entity or person, or name of entity in which the financial interest is held, and nature of its business: __________________________________________________________

(Note: A separate disclosure form must be completed for each outside activity or financial interest.)

Address of entity listed above: ________________________________________________________

Description of activity or financial interest (Ex: employment, equity interest, royalty interest, consulting, honorarium, or interest in patents or copyrights): ____________________________________________

(Note: A request by any employee to teach at another institution must be approved by the Provost and Vice President of Academic Affairs or designee.)

Do you maintain any partial or full ownership in the entity listed above?  □ No  □ Yes

Will you receive compensation from this activity?  □ No  □ Yes  If yes, please list source of and type of compensation: (e.g., company/organization/client and cash/expense reimbursement; in the case of legal representation or service as an expert witness, all parties to the matter must also be identified.):

______________________________________________________________________________

Does this activity include employment with another state agency?  □ No  □ Yes  If yes, dual compensation approval must be obtained prior to beginning employment.

Estimated number of hours per week, including travel time: ________________________________

Will the proposed activity or employment be performed during the University’s normal working hours (weekdays 8:00a.m. – 5:00 p.m.)?  □ No  □ Yes  If yes, please explain:

______________________________________________________________________________

Will this activity conflict with your assigned work or teaching schedule?  □ No  □ Yes  If yes, please explain how you can perform this activity and complete the obligations of your employment at UNF:

______________________________________________________________________________

Indicate if annual leave is to be taken: □ No  □ Yes  If yes, estimated number of hours per week: ____________

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Office of Human Resources – Revised January 2009
During the course of this activity or employment will use be made of any University facilities, services or equipment?  □ No  □ Yes  If yes, please complete page 4 of this form.

Are University employees and/or students to be involved?  □ No  □ Yes  If yes, please explain:

Are you required, as a condition of the employment/activity, to waive any rights you or the University of North Florida might have to intellectual property you develop, including copyrights or patent rights?  □ No  □ Yes  If yes, please explain:

Under penalties of law, I hereby certify that the information contained in this Report of Outside Activity and Financial Interests form is true and accurate. I further certify that the proposed outside activity or employment reported herein does not and will not interfere with the full performance of my professional duties, institutional responsibilities or any other obligations I may have to the University of North Florida. I also understand that no employee shall claim to be an official University representative in connection with outside activity or employment or use of the University’s name and/or reputation to promote such activities. Further, I certify that I have read and understand the definition of conflict of interest as provided in the Collective Bargaining Agreement and/or the University of North Florida’s policies and procedures regarding outside activity/ employment. A copy of the University of North Florida’s policy and procedure is contained on page 4 of this form.

Employee Signature

Date

I, the undersigned, have thoroughly reviewed the Report of Outside Activity and Financial Interests form and any and all other information I deemed necessary to make a determination as to the appropriateness of this request. Further, I acknowledge that approvals for outside activity are only valid for one (1) fiscal year and therefore a new disclosure must be completed July 1 of each year. Those faculty members not present on campus July 1 should promptly complete and file a new disclosure form for each outside activity upon returning to campus.

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<td>Chair or Immediate Supervisor (Printed Name)</td>
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<td>Dean, Director, Department Head or applicable Supervisor. (Printed Name)</td>
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<td>Provost or Division VP (Printed Name)</td>
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<td>Human Resources VP or Designee (Administrative &amp; Support Employees)</td>
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Was a conference held to discuss this disclosure?  □ No  □ Yes  If yes, please write a brief summary of action taken:

Administrative and Support employees shall forward this completed form to the Office of Human Resources for filing in the official personnel file. Faculty forms shall be maintained in the Office of the Vice President for Academic Affairs.
UNIVERSITY FACILITIES, SERVICES AND EQUIPMENT
To be used in conjunction with Outside Activity and Final Interests

An employee who has been approved to engage in an outside activity cannot normally expect to use University facilities, services and equipment. The use of any of these resources will be allowed only on a non-interference basis to the extent that (1) no more than normal depreciation of equipment is experienced and that (2) the use of facilities will not result in added expenses accruing to the University. In those instances where added expenses are involved, there will be appropriate charge for services and facilities. The employee, upon signing this statement, certifies that the use of these University resources is specifically for the purpose of performing employment (consulting) duties for the employer listed on page 1 of this form and does not constitute University competition with private enterprise.

Equipment
Identify equipment and manner in which it will be used:

Department and/or college or other area(s) in which equipment is located:

Approval of use of equipment on a non-interference basis:

Signature of department head and/or dean or other supervisor  Date

Services (including computer):
Identify services and manner in which they will be used (if computer services, include statement describing class and type of service and description of use):

Department and/or college or other area(s) which will provide services:

Approval of provision of services at the following charge (if any):  $

Signature of department head and/or dean or other supervisor  Date

I assure the University that, if in the course of this work, the use of the above University resources changes significantly, a new application for use will be submitted immediately.

Employee Signature  Date

Administrative and Support employees shall forward this completed form to the Office of Human Resources for filing in the official personnel file. Faculty forms shall be maintained in the Office of the Vice President for Academic Affairs.

Print Form