

NOTICE OF INTENT TO ENGAGE IN EXTERNAL PROFESSIONAL ACTIVITIES FOR PAY

Date _____

_____ (Name), a full-time employee, intends to engage in external professional activity for pay under the following conditions:

1.

Org. Name						
Org. Address						
Organization type (Check best fit type)	Non-profit	Fed Govt.	School District	State/local gov. agency	Universities	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Nature of proposed activity:

3. Beginning date and anticipated duration of activity: _____
Beginning Date
Duration

Note: Any administrative action approving a "Notice of Intent" shall be effective only for the remaining balance of the fiscal year (in the case of twelve-month employees) or for the balance of the academic year (for nine-month employees).

4. On average, how many hours per week will be devoted to this activity?

- a. For 12-month employees, for the anticipated duration of the activity, within the current fiscal year ending June 30:
- b. For 9-month employees, for each component part of the academic year, as applicable, within the current fiscal year ending June 30 (see Policy section 3.b.):

- (1) Second summer session (post July 1) _____
- (2) Fall semester _____
- (3) Spring semester _____
- (4) First summer session (pre July 1) _____

5. Total number of hours to be devoted to activity: _____

6. Identify any classes, meetings or other University duties that will be missed because of involvement in the proposed activity (respond separately for each applicable component part of the academic calendar if 9 month employee) and state what arrangements have been made to cover any such duties:

Duties Missed	Arrangements to Cover

7. Use of University resources in connection with proposed activity:

(see section 2.e. of Policy - UNC General Administration Policy Statement on External Professional Activities of Faculty and Other Professional Staff (1993))

a. Will the activity entail the use of any University resources? () 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. To be completed if the contracting organization is a private firm:

a. Do you or any member of your immediate family own an equity interest in the contracting organization?

() Yes () No

b. Do you hold an office in the contracting organization? () Yes () No

*If yes to 9a and 9b, a COI management plan and approval of dean or next higher administrator is required.

10. Performance of the above described activity is consistent with the Board of Governors Policy on External Professional Activities.

Applicant Signature: _____

Department _____

Academic Rank or Job Title _____

Administrative Title (if any) _____

Reviewed; activity determined to be consistent with university policy.

Note: Any administrative action approving a "Notice of Intent" shall be effective only for the remaining balance of the fiscal year (in the case of twelve-month employees) or for the balance of the academic year (for nine-month employees).

Unit Head Signature: _____

Date: _____

Other action (as required):

Dean or Other Administrative Officer* _____

Date: _____

**Approval by dean or next higher administrator is required if question 8., 9.a., or 9.b. is answered in the affirmative.*

Reviewed; activity determined **not** to be consistent with university policy

Unit Head Signature: _____

Date: _____

Other action (as required):

Dean or Other Administrative Officer _____

Date: _____

Chancellor: _____

Date: _____