NOTIFICATION OF CONSULTING OR OTHER REMUNERATIVE ARRANGEMENT
ARIZONA STATE UNIVERSITY
FACULTY AND ACADEMIC PROFESSIONALS

NOTE: Deans are authorized to establish a more stringent policy that requires faculty, academic professionals, or administrators in their units to obtain written permission before filing this notification. If such an internal policy is established, it must be applied evenly across the unit and/or the category of employee affected by the policy.

This form should be submitted prior to beginning the work. For ongoing or continuing arrangements, this form must be submitted annually. Failure to submit this form may result in disciplinary action.

TO THE DEAN OF ____________ NAME ____________ ASU I.D. NO.

I will engage in the following remunerative activity during contractual periods of university service.

<table>
<thead>
<tr>
<th>EMPLOYER NAME</th>
<th>INCLOSIVE DATES</th>
<th>HOURS PER WEEK</th>
<th>NO. OF WEEKS</th>
<th>TOTAL NO. OF HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NATURE OF EMPLOYMENT

__________________________________________________________________________

I have previously undertaken ________ hours of supplementary remunerative activities this box fiscal; box academic year.

When you are engaged in consulting, how will your regular university responsibilities be fulfilled?

SAMPLE

JUSTIFICATION (See ACD 510-01, e.g., a full-time faculty member or academic professional may engage in remunerative activities, on or off campus, directly related to his or her professional competence but may not be involved in dual employment as a faculty member or academic professional at another postsecondary institution.)

My contract with the university is on a box fiscal; box academic-year basis, and I understand that supplementary activities for extra compensation are limited to box 384 hours per fiscal year; box 312 hours per academic year.

SIGNATURE ______________________ RANK ______________________ DATE SUBMITTED ________________

SIGNATURE, DEPARTMENT HEAD DATE ______________________ SIGNATURE, DEAN DATE ________________

1039 697