

UNCLASSIFIED STAFF REPORT ON OUTSIDE ACTIVITIES & INTERESTS

(as required under Section UWS8.025 Wisconsin Administrative Code)

Name _____ Department/Unit _____

Faculty Academic Staff Limited Appointment Percentage _____%

Signature _____

Please read the Guidelines for Reporting Outside Activities on the attachment and fill in the required information below. Completed forms should be forward to your department chair or unit director.

- I have read the Guidelines and do not have any remunerative outside activities in my field of interest to report.
(If you check this box, forward the signed form to your chair/director.)

REMUNERATIVE RELATIONSHIPS

- I have received net remuneration for professional outside activities in my field of professional interest (e.g., consulting, research, teaching, writing, etc.). List below the name of the organization or business, type of activity (e.g., consulting, teaching, etc.) and the aggregate amount of time spent (days) in the activity, and whether you received \$5000, or more from a single source.

Name of Business* or Organization	Type of Activity	Time Spent (days)	Check if \$5000, or More From a Single Source
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

*If you believe that you should not publicly identify the name of the organization, you must receive approval from your dean, as indicated by the dean's signature below (e.g., if revealing the name would be damaging to the organization's legitimate competitive interests).

- I have received compensation from a nongovernmental sponsor of university research, teaching, or training for which I am a principal investigator.

Name of sponsor: _____

OFFICES & DIRECTORSHIPS

Identify below any business or other organization related to your field of academic interest or professional specialization for which you or your immediate family served as an officer, director, or trustee. No identification need be made of professional societies, trusts, or charitable, religious, social, community service, or political organizations.

Name of Business/Organization	City and State	Position Held
_____	_____	_____
_____	_____	_____
_____	_____	_____

OWNERSHIP INTERESTS

List below any business or other organization related to your field in which you or your immediate family individually, or in aggregate, owned or controlled at least 10% of the outstanding equity.

Name of Business/Organization	City and State
_____	_____
_____	_____
_____	_____

REVIEWERS SIGNATURE AREA

I have reviewed the information itemized above:

Signature of Chair/Director: _____ Date ____/____/____

Signature of Dean/Division Head/Designee: _____ Date ____/____/____