

ANNUAL REPORT OF NON-UNIVERSITY EMPLOYMENT
BY FULL-TIME FACULTY

SOUTHERN ILLINOIS UNIVERSITY AT EDWARDSVILLE

Indicate below the actual time spent for all non-University employment arrangements of the preceding year (July 1 through June 30). In this report, partial days should be accumulated and report as "full day" equivalents.

Faculty Name: _____ School/Unit: _____

This report is for July 1, 200 _____ , to June 30, 200 _____ .

EMPLOYER: _____

Description of Employment: _____

Dates: _____ Time in Days: _____

EMPLOYER: _____

Description of Employment: _____

Dates _____ Time in Days: _____

EMPLOYER: _____

Description of Employment: _____

Dates _____ Time in Days: _____

Total time spent in outside employment: _____
(day equivalents)

SIGNATURE: _____ Date: _____

CHAIR: _____ Date: _____

DEAN: _____ Date: _____

PRESIDENT/DESIGNEE: _____ Date: _____