Annual Report of Non-University Employment
By Full-Time Faculty

Southern Illinois University 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 reported as "full day" equivalents.

Faculty Name:_________________________ School/Unit:_______________________________________

This report is for July 1, __________ to June 30, ____________.

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: ________________________________

Chancellor/Designee:__________________________ Date: ________________________________

(PVC 08-02)