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:________________________________ Banner I.D.:________________________________

School/Unit:__________________________This report is for July 1, _________ to June 30, ___________

EMPLOYER:____

Description of Employment:____

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Dates:_______________________________________ Time in Days:___________________________

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EMPLOYER:____

Description of Employment:____

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Dates:_______________________________________ Time in Days:___________________________

➢➢➢

EMPLOYER:____

Description of Employment:____

____

Dates:_______________________________________ Time in Days:___________________________

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Total time spent in outside employment: *(day equivalents)* ________________________________

Signature:___________________________________ Date: ______________________________

Chair: ______________________________________ Date: ______________________________

Dean:_______________________________________ Date: ______________________________

Chancellor/Designee:___________________________ Date: ______________________________