

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: _____

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: _____

Approved by Provost/Designee: _____

Date: _____

FOR OFFICE USE ONLY

Recommended by Chair: YES: _____ NO: _____

Date: _____

Recommended by Dean: YES: _____ NO: _____

Date: _____