APPROVAL REQUEST FOR NON-UNIVERSITY EMPLOYMENT BY FULL-TIME FACULTY

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

110 Illinois Compiled Statutes 100 requires full time faculty members of State supported institutions of higher education **to obtain PRIOR written approval of the of the University Chancellor (or designee)*** for the performance of outside research or consulting services. The same Act further requires such faculty members to submit to the Chancellor (or designee) an annual statement of the amount of time actually spent on such activities.

University Policy states: A full-time member of the faculty of Southern Illinois University Edwardsville shall not, during his or her period of annual service, engage in a business (including self-employment*) or be employed for remuneration by agencies other than the University except with the approval of the Chancellor (or designee).

*Self-employment does not include personal research or publication but does include all other outside activities for which remuneration is received.

Name:____________________________Banner ID No.:______________________Unit:_________________________________

Proposed Employer:____

Address of Employer:____

____

Description of work to be performed:____

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Estimated beginning date:________________________ Estimated ending date:______________________________________

Estimated total time involved in days on an annual basis: ____

Estimated total income to be derived:____

Describe when this work will be performed (e.g., weekdays, evenings, weekends, breaks, summer):_______________________

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Describe any conflict between your fulfilling your duties as a full-time faculty member and performing the proposed work. (If none, so indicate. If necessary, provide attachment.)____

Describe any conflict between the interests of the University and those of the proposed employer. (If none, so indicate. If necessary, provide attachment.)____

A report for the period July 1 through June 30 shall be filed Before September 1 following that period.

Signature:____ Date:_________________________________

Recommended by Chair:____ Date:_________________________________

Recommended by Dean:____ Date:_________________________________

Approved/Effective by Chancellor/Designee:_______________________ Date:_________________________________

*Approval requests are not effective until signed by the Chancellor/Designee.

Aug. 2009