



EXTERNAL ACTIVITY FORM

All full-time faculty members and administrators must complete this form and submit it to their appropriate Vice President at the time of contract conversations. If during the academic year the status of the faculty member's activities change, it is incumbent upon the faculty member to submit an updated External Activity Form.

Name. _____ Title _____

Please check one in both 1 and 2:

- 1. Faculty _____
 Administrator with faculty rank _____
 Administrator _____

- 2. External employment: Yes _____
 No _____

If no, sign below and date form. If yes, complete the rest of the form

Name and address of external organization(s) concerned: _____

Description of external activities: _____

Your position of responsibility/activities in the organization(s): _____

Estimate of time to perform these activities: _____ Days/Year _____

External activity schedule:
Estimated hours per week: _____
Typical weekly schedule (please indicate day(s) and time of day(s): _____

(Use reverse side if more space is required)

Employee signature: _____ Date: _____

Approved by: _____ Date: _____
Signature of appropriate supervisor

Approved by: _____ Date: _____
Signature of appropriate Vice President