

**UNIVERSITY OF SOUTH ALABAMA**  
**EXTERNAL PROFESSIONAL ACTIVITIES FOR PAY FORM**  
**(FACULTY CONSULTING)**

**Name:** \_\_\_\_\_ **Title/Rank:** \_\_\_\_\_

**College/Unit:** \_\_\_\_\_ **Dept:** \_\_\_\_\_

*I request to engage in external professional activity for pay under the following conditions:*

1. Name and address of contracting organization: \_\_\_\_\_

\_\_\_\_\_

2. Nature of proposed activity: \_\_\_\_\_

\_\_\_\_\_

3. Beginning date and anticipated duration of activity: \_\_\_\_\_

\_\_\_\_\_

4. On average, how many hours per week will be devoted to this activity?

a. For 12-month employees, for the anticipated duration of the activity, within the current fiscal year ending September 30th: \_\_\_\_\_

b. For 9-month employees, for each component part of the academic year, as applicable, within the current fiscal year ending September 30<sup>th</sup>:

(1) Fall semester: \_\_\_\_\_

(2) Spring semester: \_\_\_\_\_

(3) First summer session (pre July 1): \_\_\_\_\_

(4) Second summer session (post July 1): \_\_\_\_\_

5. Total number of hours to be devoted to activity: \_\_\_\_\_

6. Identify any classes, meetings or other University duties that will be missed because of involvement in the proposed activity (*respond separately for each applicable component part of the academic calendar if 9-month employee*) and state what arrangements have been made to cover any such duties:

Duties Missed

Arrangements to Cover

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7. Use of University resources or students in connection with proposed activity:

a. Will the activity entail the use of any University resources?  Yes  No

b. If yes, describe what resources will be used: \_\_\_\_\_

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8. To your knowledge, does the contracting organization above provide funding which directly supports any of your University duties or activities?  Yes  No

9. To be completed if contracting organization is a private firm:

a. Do you or any member of your immediate family own an equity interest in the contracting organization?  Yes  No

b. Do you hold an office in the contracting organization?  Yes  No

10. The above described activity is consistent with the policy on External Professional Activities for Pay.  Yes  No

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**Signature**

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**Date**

**UNIVERSITY OF SOUTH ALABAMA  
EXTERNAL PROFESSIONAL ACTIVITIES FOR PAY  
(FACULTY CONSULTING)**

**ADMINISTRATIVE ACTION FORM**

1. The faculty consulting activity is consistent with University policy.

\_\_\_\_\_  
**Department Chair/Supervisor**

\_\_\_\_\_  
**Date**

2. The faculty consulting activity is NOT consistent with University policy.

\_\_\_\_\_  
**Department Chair/Supervisor**

\_\_\_\_\_  
**Date**

**APPEAL ACTION**

Action on appeal (if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Final Decision:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Dean or Other Administrative Officer**

\_\_\_\_\_  
**Date**

*Any administrative action approving a "External Professional Activities for Pay" form shall be effective only for the remaining balance of the fiscal year (in the case of 12 month employees) or for the balance of the academic year (for 9 month employees)*