

APPENDIX B
NOTICE OF INTENT TO ENGAGE IN EXTERNAL PROFESSIONAL ACTIVITIES FOR PAY

Date: _____

I _____ (name) intend to engage in external professional activity for pay under the following conditions:

1. Name and address of contracting organization: _____
Is the organization a (circle applicable choice) :
 - Private business corporation/entity
 - Non-profit corporation
 - Federal governmental agency
 - Public school district
 - Other state/local agency
 - University

2. Nature of proposed activity (must complete a separate notice for each external activity :

3. Beginning date and anticipated duration of activity (circle applicable choice:
 - _____ beginning date
 - Less than 1 month
 - 1-4 months
 - More than 4 months

4. On average, how many hours per week will be devoted to this activity (circle applicable choice)?
 - 8 hours or fewer per week
 - More than 8 hours per week

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

7. Use of University resources 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.

To evaluate potential Conflicts of Interest, please answer questions 8 and 9:

8. To your knowledge, does the contracting organization above provide funding which directly or indirectly supports any of your University duties or activities? () Yes () No
9. To be completed if the 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. Performance of the above described activity is consistent with university and UNC Board of Governors policy on conflicts of interest and commitment and external professional activities (300.2.2).

Signature /Academic Rank or Job Title

Department

Administrative Title (if any)

ADMINISTRATIVE ACTION ON NOTICE OF INTENT

1. Reviewed; activity determined to be consistent with university policy.

Date

Department Head or Director

Other action (as required):

Date

Dean or Other Administrative Officer*

* Approval by Dean or other administrative officer to whom Department Head reports is required if a potential conflict of interest exists.

2. Reviewed; activity determined not to be consistent with university policy.

Date

Department Head or Director

Action on appeal (if any):

Date

Action taken

Dean or Other Administrative Officer

Date

Action taken

Chancellor

Any administrative action approving a "Notice of Intent" 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)