

Notification of Consulting or Other Outside Business Activity or Arrangement (Faculty and Academic Professionals)

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By signing this form, the faculty member or academic professional is attesting that all consulting or other outside business activities will be conducted in compliance with ACD 510-01, including submitting this form prior to beginning work, and that time spent on these activities will not exceed 312 hours per academic year or 384 hours per fiscal year. For ongoing or continuing arrangements, this form must be submitted annually. Failure to submit this form or submitting false information on this form may result in disciplinary action.

NOTE: Deans are authorized to establish a more stringent policy that requires faculty, academic professionals, or administrators in their units to obtain written permission before filing this notification. If such an internal policy is established, it must be applied evenly across the unit and/or the category of employee affected by the policy.

GENERAL INFORMATION

Name	ASU ID No.
Academic Rank	Contract type: Academic Year (limit 312 hours) Fiscal Year (limit 384 hours)
College (full name without acronyms)	School/Department/Unit (full name without acronyms)

I will engage in the following supplemental activities.

What will you be doing for the organization or business entity?

What will your title be?

Name of Organization or Business Entity

What does the organization or business entity do?

What is the location of the organization or business entity?

If international, check this box and include the name of the country:

Do these activities affect ASU's interest in any way? Yes No Please explain.

Are you aware of any contract between the organization or business and Arizona State University? Yes No

If yes, you must also submit a [Disclosure of Substantial Interest Form](#) per [ACD 204-08](#): Conflict of Interest.

Hour per week		Number of weeks		Total number of hours	
Number of <u>other</u> hours of supplemental activities, completed or planned, this fiscal/academic year: <i>Note: other hours should be added cumulatively across multiple forms, excluding the new hours submitted on this form.</i> <i>Notification of Consulting forms should be on file for all hours disclosed in response to this question.</i>					
Start Date		End Date		Amount of Compensation	
				None	
Will your compensation be paid, in whole or part, directly or indirectly, from another source such as a grant to the organization or business entity? Yes No Please explain.					
How will your regular university responsibilities be fulfilled when you are engaged in these supplemental activities?					
How will these supplemental activities contribute to your professional development and/or to Arizona State University?					
Faculty or AP Signature				Date Submitted	
Approved Not Approved	Department Chair/Director Signature		Date	Department Chair/Director Printed Name	
Approved Not Approved	Dean Signature		Date	Dean Printed Name	

One copy to Dean, Department Head, Faculty Member/Academic Professional, and Provost. Please pdf the provost's copy to ashley.t.heath@asu.edu.