**REPORT OF CATEGORY I AND II COMPENSATED OUTSIDE PROFESSIONAL ACTIVITIES**

**AND ADDITIONAL TEACHING ACTIVITIES**

**FOR THE FISCAL YEAR ENDING JUNE 30, \_\_\_\_\_ APM - 025)**

Instructions: In accord with APM - 025, this form must be filed each year by all faculty. Complete all parts of it for the time your academic- or fiscal-year appointment was effective during the identified fiscal year. See Explanations (Appendix B) for further guidance. If you engaged in no Category I and II compensated outside professional activities during the identified fiscal year and did not perform additional teaching as defined in APM - 662 (i.e., teaching in UNEX courses or programs, other continuing education programs run by the University, or self-supporting UC degree programs), use the check-off box below. The report for each fiscal year is due by November 1 of the following fiscal year.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appointment (check one): \_\_Academic-year or \_\_Fiscal-year Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Terms and type of leave, if any\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College/School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I engaged in no Category I or II compensated activities nor performed additional teaching as defined in APM 662 during the identified fiscal year**.

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| --- | --- | --- | --- | --- |
| Category  I or II | #  Days | Description of Activity | Nature of  Relationship | General Description of Business/Agency/  Organization/Group/Person |
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Faculty Member Signature Date Chair Date

This affirms the form was received and reviewed. Corrective action should be implemented for time reports (days) that are above the annual limit and for unapproved Category I activities.

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Rev. 8/29/14 Dean (as appropriate) Date