

Faculty, Academic Staff and Limited Appointees Report on Outside Activities and Interests

as required under Section UWS 8.025 Wisconsin Administrative Code

Name		Working Title	
Empl ID	Empl Record	FTE	Empl Class
Business Unit		Department	

Outside Activities Report 2022

Please review the Guidelines for reporting Outside Activities, Wis. Admin. Code SS UWS 8.025 and visit the UW System Compliance and Integrity website for OAR training and guidance.

- ☐ I have read the Guidelines and have Outside Activities to report in Sections A, B, C, and/or D below.
- ☐ I have read the Guidelines and do NOT have any remunerative outside activities or associations with organizations in my field of interest to report.

I agree and acknowledge that all the information submitted as part of this form is complete and correct to the best of my knowledge. I understand that a false statement may be grounds for discipline up to and including termination.

Employee Signature


Date

Complete those sections below (A through D) that apply to you for the current and prior calendar year.

A. Remunerative Relationships

I have received remuneration for professional outside activities in my field of professional interest.

List below the name of the organization or business, type of activity (e.g., consulting, research, teaching, writing, etc.) and the aggregate amount of time spent (days) in the activity, and whether you received \$5000 or more from a single source.

	Business/Organization	Activity Name	Time Spent (Days)	Check if you received \$5000 or more from a single source 
1.				<input type="checkbox"/>
2.				<input type="checkbox"/>
3.				<input type="checkbox"/>

If you believe that you should not publicly identify the name of the organization, you must receive approval from an appropriate administrator, as indicated by their signature on the form (e.g., if revealing the name would be damaging to the organization's legitimate competitive interests).

Administrator Signature *for organization name exemption.*

Date

- ☐ I have received compensation from a nongovernmental sponsor of university research, teaching, or training for which I am a principal investigator.

Name of Sponsor

Outside Activities Report 2022 (continued)**B. Offices and Directorships**

Identify below any business or other organization related to your field of academic interest or professional specialization for which you or your immediate family served as an officer, director, or trustee. No identification need be made of professional societies, trusts, or charitable, religious, social, community service, or political organizations.

	Business/Organization	City	State	Position Held
1.				
2.				
3.				

C. Ownership Interests

List below any business or other organization related to your field in which you or your immediate family individually, or in aggregate, owned or controlled at least 10% of the outstanding equity.

	Business/Organization	City	State
1.			
2.			
3.			

D. Foreign Activities

Identify paid or unpaid relations with foreign entities. For the purposes of this question, foreign talent recruitment programs involve the provision of compensation by a foreign state to simply attend or present work at an international conference.

1. Are you a Researcher? (A Researcher is any employee involved in research activities including the development of research proposals and the performance of research projects.)

☐ Yes ☐ No

2. Have you or an immediate family member, currently or in the last twelve months, held an academic appointment at a foreign institution (paid or unpaid) or participated in a foreign talent recruitment program?

☐ Yes ☐ No

If you identified **Yes**, briefly describe the nature of the academic appointment(s) or the talent program(s), provide the involved party (e.g. you or your family member), the institution name or foreign state, and relevant dates.

Describe the nature of the academic appointment(s) or the talent program(s):

Involved Party	Institution Name or Foreign State	Dates

Approver Use Only

Information on the form has been reviewed and any apparent or potential conflict(s) have been resolved. Actions to address or resolve any apparent or potential conflict(s) of interest are documented in the comment section.

☐ Approved

Reviewer Signature

Reviewer ID

Reviewed Date/Time Stamp