

For Calendar Year 2020

University of Wisconsin System

Faculty, Academic Staff, and Limited Appointees Report on Outside Activities
and Interests (as required under [Wis. Administrative Code § UWS 8.025](#))

Name	Department/Unit
Faculty Academic Staff Limited	Percent University Appointment

I hereby certify that the statements below are true and correct to the best of my knowledge. I understand that a false statement may be grounds for discipline up to and including termination.

Signature: _____ **Date:** _____

Please read the Guidelines for Reporting Outside Activities on the attachment and fill in the required information below. Completed forms should be forwarded to your department chair or unit director.

I have read the Guidelines and do not have any remunerative outside activities or associations with organizations in my field of interest to report. (If you check this box, forward the signed form to your chair/director.)

A. Remunerative Relationships

I have received net remuneration for professional outside activities in my field of professional interest (e.g., consulting, research, teaching, writing, etc.). List below the name of the organization or business, type of activity (e.g., consulting, teaching, etc.) and the aggregate amount of time spent (days) in the activity, and whether you received \$5000 or more from a single source.

Name of Business* or Organization	Type of Activity	Time Spent (days)	Check if \$5000 or more from a Single Source
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*If you believe that you should not publicly identify the name of the organization, you must receive approval from your dean, as indicated by the dean's signature below (e.g., if revealing the name would be damaging to the organization's legitimate competitive interests).

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

Name of sponsor: _____

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.

Name of Business/Organization	City and State	Position Held
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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.

Name of Business/Organization	City and State
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I have reviewed the information itemized above; any apparent conflicts of interest have been resolved and are documented as attachments.

Signature of Chair/Director: _____ Print Name: _____ Date: _____

Signature of Dean/Designee: _____ Print Name: _____ Date: _____