**Notification of Outside Activity/Consulting**

SUNY Morrisville employees may use this form as notification of engagement in professional and outside activities and consulting. This notification should be completed before engaging in any outside activity/consulting and returned to the ethics officer who is currently Amy McLaughlin, Director of Human Resources, mclaugai@morrisville.edu

Name: ________________________________
Title: ________________________________
Department: __________________________
Email address: _________________________

Classification:  ☐ Faculty  ☐ Staff  ☐ Researcher  ☐ Student

Employment Status:  ☐ Full-Time  ☐ Part-Time

Appointment Basis:  ☐ Calendar Year  ☐ Academic Year  ☐ Summer

Funding: What percentage of your position is currently funded from sponsored research? _____%
______________________________________________________________________

External Entity Name & Address:
______________________________________________________________________
______________________________________________________________________

1) Is this entity engaged in current or prospective sponsored projects with Morrisville?  ☐ Yes  ☐ No
   a) If yes, are you an investigator for any of these projects?  ☐ Yes  ☐ No

2) Do you or a family member have an ownership interest in this entity?  ☐ Yes  ☐ No

3) To your knowledge, does any other Morrisville employee have an ownership interest in this entity?  ☐ Yes  ☐ No
   a) If yes, provide employee's name: _______________________________________

Beginning Date of Activity: _______________________________
End Date of Activity: _______________________________
Total Number of Days devoted to this activity per week:
________________________________________

Total Number of Hours devoted to this activity per week:
________________________________________

Will this activity affect your ability to meet your instruction or other responsibilities for Morrisville?  □ Yes  □ No

If yes, please explain:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Describe in detail the activity and/or nature of relationship with the external entity:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Indicate the actual or anticipated value of income and/or ownership interest in the external entity aggregated for you and members of your immediate family for the current fiscal year (July 1 - June 30):
________________________________________

Did you earn any income from this entity in the past year?  □ Yes  □ No

If yes, how much? ________________

______________________________________________________________________

1. Do you intend to perform duties for the external entity at Morrisville?  □ Yes  □ No

2. Do you intend to use Morrisville equipment or facilities to perform any of the duties for the external entity?  □ Yes  □ No

3. Do you or any members of your family hold a position of management in the external entity?  □ Yes  □ No

4. Will other faculty members, staff, students or other personnel associated with Morrisville be involved in this external entity?  □ Yes  □ No
I understand that consulting/external employment may not be undertaken on any portion of time covered by federal grants or contracts.

I further certify that there will be no conflict of interest between this outside employment and my responsibilities as an employee of the State University of New York at Morrisville.

The proposed employment will not interfere with my assigned duties. I feel that my value as a University employee and my own professional status will be enhanced and improved by the proposed outside professional activity. I also certify that this employment/consulting work will be conducted at no expense to the SUNY system. In such outside employment, I shall act as an individual and not as a representative of the SUNY system.

Employee Signature: ________________________________
Date: ____________

Supervisor/Chair Signature: ________________________________
Date: ____________