Faculty/Staff/Student Employee

Disclosure of Employment or Activities Outside of the University of Alaska

"Public Employees," including University employees, are subject to the Alaska Executive Branch Ethics Act (AS 39.52.010-960). You do not have to complete this form if you do not have any outside employment or activities to declare. You are not required to disclose volunteer work unless it is a potential conflict with your university duties or unless you receive any type of compensation or cost reimbursement (including travel or meals) for

this work.	_			
Printed Name: UA Job Title:				
Primary job category: OFaculty OStaff, non-exer Primary union classification: OUAFT OUnited Primary job classification: ORegular, full-time	Academic AAUP/AFT OUnite	ed Academic Adjunct	/Executive OLocal 6070 Temporary, par	
Details of outside activity (attach additional sheets as nec	cessary) including:			
Name of outside employer/organization:				
Description of outside activity:				
Hours/days of the week required for outside activity:				
Effects on University schedule or hours:				
Are your outside activities similar or related to your university duties?			0	No
Will you be dealing with people or entities with whom you deal as a university employee?			0	No
If you answered yes to either of these questions, please e	explain in detail:			
Identify any other potential conflicts of interest or incomp	patibilities with your university du	ties:		
 I am obligated to declare any potential violatic I must report any change in my outside activit If my supervisor feels the outside activity may take official action on related matters until a d I certify that, to the best of my knowledge, my disclosure that may apply, submission of a false statement is punish 	y, when it occurs, and at least once y be incompatible or in conflict wi letermination is made as provided in e statement is true, correct, and con	e each year on or before th my university duties, in AS 39.25.210.	I must not enga	•
		(Forwa	rd to your super	visor)
Employee Signature	Date			
whether the outside activities described above will or vincompatible or in conflict with the proper performance on adverse effect; <i>OR</i> adverse effect possible, and I am attaching reason	e of the employee's duties. I find	yee's usual university d (check one):	luties or duty ho	ours or otherwise be
		(For	ward to Designa	ted Ethics Office ↓)
Dean/Director/Supervisor Signature	Date	SW: Butr	SW: Office of General Counsel Butrovich 203, Box 755160, Fairbanks, AK 99775-5160	
UAA/UAF/UAS/SW Ethics Representative Signature	Date	3211 Ancl	A: HR Office, UL l Providence Dr., horage, AK 9950	
Forward only the following forms to the University Designated	Ethics Supervisor at the Office of the C	General Counsel:	Faculty:	UAF Staff:
Forms from Statewide Personnel:		UAF	i acuity.	UMI Blatt.

- 1. Forms from Statewide Personnel:
- 2. Forms that disclose conflicts or incompatibilities with university duties;
- Forms that require limitations or conditions on the outside activity or university duties;
- Forms which otherwise require a formal determination.

See http://www.alaska.edu/counsel/ethics-information/ or contact your ethics representative for more information about Ethics Act Responsibilities.

UAS: HR Office 11120 Glacier Hwy, Juneau, AK 99801

Provost's Office

Box 757580

99775-7580

Fairbanks, AK

(Phys offc: 11798 Glacier Highway)

VCAS Office

Box 757900

Signers' 326

Fairbanks, AK 99775-7860