

(For Faculty Use)

**EASTERN MICHIGAN UNIVERSITY
REPORT OF SUPPLEMENTAL EMPLOYMENT**

_____ FALL _____ WINTER _____ SUMMER 20_____

NAME: _____ EID: _____

RANK: _____ DEPARTMENT/SCHOOL: _____

1. Briefly describe the nature of the work you will be doing.

2. For whom will the work be done? (Provide the name and address of the firm, agency, etc. Please indicate if self-employed)

3. What are the beginning and ending dates of the employment/activity?

4. Estimated total number of hours required during the period specified in #3.

Faculty Member: _____ **Date:** _____

Department Head/Director: _____ **Date:** _____

Dean: _____ **Date:** _____

AVP for Academic HR: _____ **Date:** _____

NOTES: (1) This form is required by the EMU-AAUP Faculty Contract and is to be completed by the faculty member prior to undertaking supplemental employment. When completed, the copy is presented to the department head. The form is then forwarded to the Dean and the AVP for Academic HR for their signatures. Signed copies are returned to the faculty member.

- (2) A revised report is to be filed by the faculty member whenever a significant change occurs in his or her supplemental employment during the period of this report.