In compliance with the Outside Employment or Consulting Practices Policy FS.607.1, I disclose and submit the following concerning my business interests.

**Business Identification**

|  |  |
| --- | --- |
| Business Name  |  |
| Street Address  |  |
| PO Box  |  |
| City – State – Zip  |  |
| Telephone and Fax  |  |
| Taxpayer ID # |  |

**Describe Business Product or Service**

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Personal Ownership |  | Percentage of Ownership |
|  | Related to Owner |  | Relationship |
|  | Employment |  | Position |
|  | Other Describe:  |

**Name of Business Interest** (complete those that apply)

I understand that I am required to notify the Business Office Manager should my business interest change. This form will be on file in the Business Office and a copy will be placed in employee’s personnel folder.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Print name: |  | Signature: |  | Date: |  |
| REVIEWED BY |  |  |  |  |  |
| Associate Dean: |  | Signature: |  | Date: |  |
| REVIEWED BY |  |  |  |  |  |
| Campus Dean: |  | Signature: |  | Date: |  |