IU Kokomo School of Sciences Conflict of Commitment Disclosure Form

General provisions

- All faculty have the right to work one day on average during the week as long as it does not interfere with regular teaching/service/research activities at IU. Faculty outside activities can be conflict of commitment, as defined bv IU Academic (http://policies.iu.edu/policies/categories/academic-faculty-students/conditions-academicemployment/outside-activities-extra-compensation.shtml), if they substantially reduce the time available for faculty members to carry out the primary obligations of their appointments. While the IU conflict of commitment policy applies specifically to Outside Professional Activities, these can be construed broadly to cover any activity that falls within the scope of the professional qualifications of the faculty member and that is not undertaken in fulfillment of University responsibilities.
- Teaching, research and typical community and professional service activities conducted as part of
 your Indiana University responsibilities do not, of course, have to be disclosed. However, any
 teaching at an institution other than your campus including online teaching and any funded
 research activity that is managed outside IU must be disclosed.
- Outside Professional Activities must be compatible with the broad educational and research objectives of the university and must enhance effectiveness as a professor, scholar, or professional.
- Faculty members must not work in a role at another university/school that is in competition with IU programs.
- For your protection under the IU policy, all outside activities involving compensation for work performed, and any activity involving a substantial time commitment, should be submitted for approval. The following policy needs to be consulted. It includes examples of possible conflicts of commitment.
 - http://policies.iu.edu/policies/categories/academic-faculty-students/conditions-academic-employment/Conflicts-Commitment.shtml
- To request approval for any outside activity that might be construed by an external reviewer/auditor as a conflict of commitment under the IU policy, please complete this form and submit it to your dean for processing. A separate request is needed for each specific outside activity.
- Any outside activity should not begin before the activity is approved. An approved outside activity automatically terminates at the end of each semester, unless already approved for the year.
- Notification of approval for an activity will be sent to you via email from the Dean of the School
 of Sciences. The original form will be kept on file in the dean's office and a copy will be sent to the
 VCAA. In the event that a request for an activity is not approved, you will be notified in writing.
 Appeals must be sent to the VCAA.

Name:	_
Date:	
Title:	_
Semester(s) requested:	
1. Type of outside activity (check one)	
Professional work/consulting (any activity for which you will be compensated)	
Teaching at another university or college, including online	
Owner/partner/officer/employee in a business	
Outside activity requiring a significant commitment (e.g., boards, public office, etc.)	
2. Name of client of organization:	
4. Amount of time per week to be devoted to outside activity (please estimate):	
A. Expected start date:	
B. Expected completion date:	
C. Total hours required to complete the work:	
D. Schedule of hours required per week:	
5. Provide a justification for the outside activity indicated in item 1. If a research-based activity, exp how it is compatible with the broad educational and research objectives of the university and/or how will enhance your effectiveness as a researcher. If teaching, indicate why there is compatibility with y professional responsibilities at IU.	w it
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6. Will you need or use university facilities and/or funds to conduct this work?Yes No
If yes, explain:
7. How will this activity be coordinated with your regular duties? The IU Policy states that, in all cas school duties and one's obligations to IU take priority over any outside commitments.
My signature attests to the completeness of these statements and I understand that if this activity is napproved, I will not be able to conduct this activity.
Signature (faculty member):
Date:
APPROVAL
Dean:
Dean's signature:
Date:
Approved: Yes No
Dean's comments: