

IFAS Disclosure of Outside Activities and Financial Interests (Form 2627) Instructions

This form requests two categories of additional information:

Item 1 requests a more detailed description of the employment/activity and how the activity will benefit you, your program, and/or UF/IFAS. Any benefit to the State of Florida should be clearly and specifically identified. An additional page (generally a well written paragraph is adequate) is usually provided by the faculty member as an opportunity to give the reviewer a complete understanding of the request. Please refer to the definitions in Section E of the IMM if you have additional questions.

Item 2 requests clarification of the total amount of time in a fiscal year involved in the activity. This includes evenings, weekends, and holidays.

If there are additional concerns or questions after reviewing these guidelines please visit with your unit leader. If the concerns or questions remain, contact your dean's office for additional assistance. The major concepts are using good judgment to avoid any real or perceived conflict of interest and to disclose activity to the University for review and approval.

IFAS Disclosure of Outside Activities and Financial Interests (Form 2627)

(This form should be submitted with and attached to University of Florida Form OAA-GA-L-267)

The following additional information is supplied in support of the request to engage in an outside activity and financial interest.

- (1) Describe the type and amount of work or employment/activity to be done in enough detail for a reviewer to understand what you propose to do and how the proposed activities benefit you, your program, IFAS and/or the University of Florida. (Use an additional page if necessary.)

- (2) Each employee is expected to track the amount of time involved in outside activities. If you have provided other disclosures this fiscal year (July 1 - June 30), how many of the 52 days allowed (including this request) will have been used? This includes evenings, weekends, and holidays. _____ Days.

Requested by: (type or print) _____

Signature: _____

Date: _____

(This section is to be completed by unit leader.) Please check the box for the following statements that are applicable and verify that each checked statement is true.

- The work done or product pursued in this requested activity cannot be met or addressed through normal resources and programs of IFAS.
- The work done or product pursued is NOT part of the employee's regular salaried assignment.
- The requested activity is NOT in competition or conflict with recognized consulting services within the State of Florida.
- Official time, full or partial, is being authorized for this activity and a justification letter addressed to the appropriate Dean is attached.

Supported and verified by Chair or Director: (type or print) _____

Signature: _____

Date: _____