

**Notification of Consulting  
or Other Outside Business Activity or Arrangement  
(Faculty and Academic Professionals)**

#  
-----------

By signing this form, the faculty member or academic professional is attesting that all consulting or other outside business activities will be conducted in compliance with [ACD 510-01](#), including submitting this form prior to beginning work, and that time spent on these activities will not exceed 312 hours per academic year or 384 hours per fiscal year. For ongoing or continuing arrangements, this form must be submitted annually. Failure to submit this form may result in disciplinary action.

NOTE: Deans are authorized to establish a more stringent policy that requires faculty, academic professionals, or administrators in their units to obtain written permission before filing this notification. If such an internal policy is established, it must be applied evenly across the unit and/or the category of employee affected by the policy.

<b>Name</b>	<b>ASU ID No.</b>
<b>Academic Rank</b>	<b>Contract type:</b> <input type="checkbox"/> Academic Year (limit 312 hours) <input type="checkbox"/> Fiscal Year (limit 384 hours)
<b>College</b>	<b>School/Department/Unit</b>

I will engage in the following business activity during contractual periods of university service.

<b>Employer Name</b>	<b>Hours per Week</b>	<b>No. of Weeks</b>	<b>Total No. of Hours</b>
<b>Start Date</b>	<b>End Date</b>		
<b>Nature of Employment</b>			
<b>Total number of hours, completed or planned, of <u>other</u> supplementary remunerative activities this fiscal/academic year:</b> <i>Note: hours should be added cumulatively across multiple forms. NOCs should be on file for all hours disclosed in this section.</i>			
<b>Admin verify: Are Notifications of Consulting on file for all <u>other</u> hours of consulting this year?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <b>Admin name:</b>			
<b>When you are engaged in consulting, how will your regular university responsibilities be fulfilled?</b>			
<b>How will this work contribute to your professional development and/or to ASU?</b>			
<b>Faculty or AP Signature</b>		<b>Date Submitted</b>	
<b>Department Chair/Director Signature</b>	<b>Date</b>	<b>Dean Signature</b>	<b>Date</b>
<b>Department Chair/Director Printed Name</b>		<b>Dean Printed Name</b>	