

Diane Alperin

From: Heather Coltman
Sent: Tuesday, December 15, 2015 10:17 PM
To: Lawrence Glick; Diane Alperin; David Kian
Subject: Fwd: Response to your letter
Attachments: Tracy_Outside_Activities.pdf; ATT00001.htm

Sent from my iPhone

Begin forwarded message:

From: James Tracy <jftracy@fau.edu>
Date: December 15, 2015 at 10:02:45 PM EST
To: Heather Coltman <coltman@fau.edu>, David Williams <dcwill@fau.edu>
Subject: Re: Response to your letter

Dear Dean Coltman,

Per your request the Outside Activities Forms and accompanying documentation are attached.

Sincerely,

James Tracy

From: James Tracy
Sent: Tuesday, December 15, 2015 8:52 PM
To: Heather Coltman; David Williams
Subject: Re: Response to your letter

Dear Dean Coltman,

As you are aware, I am on paternity leave this term and do not check my email on a regular basis. I have just received your email dated Friday December 11, 2015 this evening, December 15.

I will submit the requested materials to you by December 16.

Sincerely,

James Tracy

From: Heather Coltman
Sent: Friday, December 11, 2015 7:08 PM
To: James Tracy; David Williams
Subject: Response to your letter

Dear Dr. Tracy,

I am in receipt of your letter of November 22, 2015 in response to your reprimand, and have reviewed the arguments you presented related to reporting outside activity, your research assignment, free speech and academic freedom.

I am writing to reiterate clearly that you must file Report of Outside Employment or Professional Activity forms for 2013-14, 2014-15 and 2015-16, as required by university policy, Article 19 of the UFF/FAUBOT Collective Bargaining Agreement, and as directed by me in my Notice of Discipline dated November 20, 2015. This is not optional.

Because you claim that you were confused, and I have now addressed that, I will extend the deadline to submit these reports to me. I must receive complete and accurate outside activity reports for these years before Monday, December 14, 2015 at 5:00 p.m. or you will receive further disciplinary action up to and including termination.

Sincerely,
Heather Coltman

Dr. Heather Coltman, Dean
Dorothy F. Schmidt College of Arts and Letters
Florida Atlantic University
Boca Raton, FL 33431
coltman@fau.edu
561-297-3801



REPORT of OUTSIDE EMPLOYMENT of *2013-14*
PROFESSIONAL ACTIVITY for FAU EMPLOYEES

Select: Original Submission Or: Updated or Continuing Submission

This report of proposed outside employment/activity is completed in order to comply with the rules of the University and the provisions of applicable Collective Bargaining Agreements. Please note that this report must be submitted and necessary approvals obtained on an annual basis for any activity continuing beyond June 30 of the year referenced.

If the outside employment/activity involves an entity or agency doing business with or proposing to do business with the University at the time this form is completed, the employee should also attach a REPORT OF SPECIFIED INTEREST form.

EMPLOYEE INFORMATION

Employee Name: JAMES F. TRACY Employee Status: (please select)
 Title: ASSOCIATE PROFESSOR AMP SP Administrative Faculty
 Department/Unit: SCHOOL OF COMMUNICATION Instructional Faculty: 9 Month 12 Month

PROPOSED EMPLOYMENT/ACTIVITY

Nature of Employment/Activity: (please check all that apply) Employment Other Professional Activity
 Continuing Business Interest (including managerial interest or position) Other Compensated Activity

Name of Employer/Activity: GLOBAL RESEARCH, CA Anticipated Date(s): ONGOING
 Location (City, State, Country): MONTREAL, CA / ONLINE NONPROFIT Avg # of Hours per Week: 3

1. Description of Employment Activity: ARTICLES OF MEDIA CRITICISM/ANALYSIS
 2. Are FAU employees and/or students involved? No
 3. Total number of outside activity and financial interest reports submitted during this contractual period including this report. 1
 4. Estimate of total number hours spent per week during this contractual period on all outside activities including this one. 3
 5a. Are you required as a condition of the employment/activity to waive any rights you may have to intellectual property you develop, including patent rights? Yes No (If yes, the Division of Sponsored Research must review and approve the employment/activity.)
 5b. Will you be working for an entity that has either licensed, optioned, or acquired intellectual property from the University? Yes No (If yes, the Division of Sponsored Research must review and approve the employment/activity.)
 6. Will University equipment, facilities, or services be used in the course of this activity? Yes No (If yes, please attach a University Equipment, Facilities and Services form with this request.)

Instructional Faculty, please complete

12 Month Appointees, please complete

Will classes be missed? Yes No Has leave form been submitted? Yes No N/A
 How will classes be covered? _____ Has leave request been approved? Yes No

I hereby certify that the outside employment or professional activity reported here does not constitute a conflict of interest under Chapter 112, Florida Statutes, and will not interfere with my assigned duties and responsibilities at Florida Atlantic University. I agree to notify the University immediately if the nature of the activity described in this report changes.

Employee Signature: James F. Tracy 12/15/15

REVIEWER	REVIEWER'S SIGNATURE	DATE	APPROVAL
Chairperson or Supervisor			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dean or Director			<input type="checkbox"/> Yes <input type="checkbox"/> No
Division of Sponsored Research (if applicable)			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No



**REPORT of OUTSIDE EMPLOYMENT or
PROFESSIONAL ACTIVITY for FAU EMPLOYEES**

2014-15

Select: Original Submission Or: Updated or Continuing Submission

This report of proposed outside employment/activity is completed in order to comply with the rules of the University and the provisions of applicable Collective Bargaining Agreements. Please note that this report must be submitted and necessary approvals obtained on an annual basis for any activity continuing beyond June 30 of the year referenced.

If the outside employment/activity involves an entity or agency doing business with or proposing to do business with the University at the time this form is completed, the employee should also attach a *REPORT OF SPECIFIED INTEREST* form.

EMPLOYEE INFORMATION

Employee Name: <u>JAMES E. TRACY</u>	Employee Status: (please select)
Title: <u>ASSOCIATE PROFESSOR</u>	<input type="radio"/> AMP <input type="radio"/> SP <input type="radio"/> Administrative Faculty
Department/Unit: <u>SCHOOL OF COMMUNICATION</u>	Instructional Faculty: <input checked="" type="radio"/> 9 Month <input type="radio"/> 12 Month

PROPOSED EMPLOYMENT/ACTIVITY

Nature of Employment/Activity: (please check all that apply) Employment Other Professional Activity
 Continuing Business Interest (including managerial interest or position) Other Compensated Activity

Name of Employer/Activity: <u>GLOBAL RESEARCH, CA</u>	Anticipated Date(s):
Location (City, State, Country): <u>MONTREAL, CA (ONLINE NONPROFIT)</u>	Avg # of Hours per Week: <u>3</u>

1. Description of Employment Activity: PARANORMAL ARTICLES ON MEDIA CRITICISM/ANALYSIS

2. Are FAU employees and/or students involved? NO

3. Total number of outside activity and financial interest reports submitted during this contractual period including this report. 2

4. Estimate of total number hours spent per week during this contractual period on all outside activities including this one. 6

5a. Are you required as a condition of the employment/activity to waive any rights you may have to intellectual property you develop, including patent rights? Yes No (If yes, the Division of Sponsored Research must review and approve the employment/activity.)

5b. Will you be working for an entity that has either licensed, optioned, or acquired intellectual property from the University? Yes No (If yes, the Division of Sponsored Research must review and approve the employment/activity.)

6. Will University equipment, facilities, or services be used in the course of this activity? Yes No (If yes, please attach a University Equipment, Facilities and Services form with this request.)

Instructional Faculty, please complete

12 Month Appointees, please complete

Will classes be missed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Has leave form been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
How will classes be covered?	Has leave request been approved? <input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that the outside employment or professional activity reported here does not constitute a conflict of interest under Chapter 112, Florida Statutes, and will not interfere with my assigned duties and responsibilities at Florida Atlantic University. I agree to notify the University immediately if the nature of the activity described in this report changes.

Employee Signature: James E. Tracy 12/15/15

REVIEWER	REVIEWER'S SIGNATURE	DATE	APPROVAL
Chairperson or Supervisor			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dean or Director			<input type="checkbox"/> Yes <input type="checkbox"/> No
Division of Sponsored Research (if applicable)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Provost or Dean			<input type="checkbox"/> Yes <input type="checkbox"/> No



REPORT of OUTSIDE EMPLOYMENT or *2015-16*
PROFESSIONAL ACTIVITY for FAU EMPLOYEES

Select: Original Submission Or: Updated or Continuing Submission

This report of proposed outside employment/activity is completed in order to comply with the rules of the University and the provisions of applicable Collective Bargaining Agreements. Please note that this report must be submitted and necessary approvals obtained on an annual basis for any activity continuing beyond June 30 of the year referenced.

If the outside employment/activity involves an entity or agency doing business with or proposing to do business with the University at the time this form is completed, the employee should also attach a *REPORT OF SPECIFIED INTEREST* form.

EMPLOYEE INFORMATION

Employee Name: <u>JAMES F. TRACY</u>	Employee Status: (please select)
Title: <u>ASSOCIATE PROFESSOR</u>	<input type="radio"/> AMP <input type="radio"/> SP <input type="radio"/> Administrative Faculty
Department/Unit: <u>SCHOOL OF COMMUNICATION</u>	Instructional Faculty: <input checked="" type="radio"/> 9 Month <input type="radio"/> 12 Month

PROPOSED EMPLOYMENT/ACTIVITY

Nature of Employment/Activity: (please check all that apply) Employment Other Professional Activity
 Continuing Business Interest (including managerial interest or position) Other Compensated Activity

Name of Employer/Activity: <u>GLOBAL RESEARCH CO</u>	Anticipated Date(s):
Location (City, State, Country): <u>MONTREAL QC CANADA (UNIVERSITY)</u>	Avg # of Hours per Week: <u>3</u>

1. Description of Employment Activity: PRODUCING ARTICLES ON MEDIA CRITICISM/ANALYSIS

2. Are FAU employees and/or students involved? NO

3. Total number of outside activity and financial interest reports submitted during this contractual period including this report. 2

4. Estimate of total number hours spent per week during this contractual period on all outside activities including this one. 6

5a. Are you required as a condition of the employment/activity to waive any rights you may have to intellectual property you develop, including patent rights? Yes No (If yes, the Division of Sponsored Research must review and approve the employment/activity.)

5b. Will you be working for an entity that has either licensed, optioned, or acquired intellectual property from the University? Yes No (If yes, the Division of Sponsored Research must review and approve the employment/activity.)

6. Will University equipment, facilities, or services be used in the course of this activity? Yes No (If yes, please attach a University Equipment, Facilities and Services form with this request.)

Instructional Faculty, please complete	12 Month Appointees, please complete
Will classes be missed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Has leave form been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
How will classes be covered? <u></u>	Has leave request been approved? <input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that the outside employment or professional activity reported here does not constitute a conflict of interest under Chapter 112, Florida Statutes, and will not interfere with my assigned duties and responsibilities at Florida Atlantic University. I agree to notify the University immediately if the nature of the activity described in this report changes.

Employee Signature: James F. Tracy *12/15/15*

REVIEWER	REVIEWER'S SIGNATURE	DATE	APPROVAL
Chairperson or Supervisor			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dean or Director			<input type="checkbox"/> Yes <input type="checkbox"/> No
Division of Sponsored Research (if applicable)			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No



**REPORT of OUTSIDE EMPLOYMENT or *2014-15*
PROFESSIONAL ACTIVITY for FAU EMPLOYEES**

Select: Original Submission Or: Updated or Continuing Submission

This report of proposed outside employment/activity is completed in order to comply with the rules of the University and the provisions of applicable Collective Bargaining Agreements. Please note that this report must be submitted and necessary approvals obtained on an annual basis for any activity continuing beyond June 30 of the year referenced.

If the outside employment/activity involves an entity or agency doing business with or proposing to do business with the University at the time this form is completed, the employee should also attach a *REPORT OF SPECIFIED INTEREST* form.

EMPLOYEE INFORMATION

Employee Name: JAMES F. TRACY Employee Status: (please select)

Title: ASSOCIATE PROFESSOR AMP SP Administrative Faculty

Department/Unit: SCHOOL OF COMMUNICATION Instructional Faculty: 9 Month 12 Month

PROPOSED EMPLOYMENT/ACTIVITY

Nature of Employment/Activity: (please check all that apply) Employment Other Professional Activity

Continuing Business Interest (including managerial interest or position) Other Compensated Activity

Name of Employer/Activity: FAITH FREQUENT PASSO Anticipated Date(s): _____

Location (City, State, Country): DENVER CO (NONPROFIT BROADCASTER) Avg # of Hours per Week: 3

1. Description of Employment Activity: ANNOUNCE WEEKLY CURRENT AFFAIRS PROGRAM

2. Are FAU employees and/or students involved? NO

3. Total number of outside activity and financial interest reports submitted during this contractual period including this report. 2

4. Estimate of total number hours spent per week during this contractual period on all outside activities including this one. 6

5a. Are you required as a condition of the employment/activity to waive any rights you may have to intellectual property you develop, including patent rights? Yes No (If yes, the Division of Sponsored Research must review and approve the employment/activity.)

5b. Will you be working for an entity that has either licensed, optioned, or acquired intellectual property from the University? Yes No (If yes, the Division of Sponsored Research must review and approve the employment/activity.)

6. Will University equipment, facilities, or services be used in the course of this activity? Yes No (If yes, please attach a University Equipment, Facilities and Services form with this request.)

Instructional Faculty, please complete

12 Month Appointees, please complete

Will classes be missed? Yes No Has leave form been submitted? Yes No N/A

How will classes be covered? _____ Has leave request been approved? Yes No

I hereby certify that the outside employment or professional activity reported here does not constitute a conflict of interest under Chapter 112, Florida Statutes, and will not interfere with my assigned duties and responsibilities at Florida Atlantic University. I agree to notify the University immediately if the nature of the activity described in this report changes.

Employee Signature: James F. Tracy 12/15/15

REVIEWER	REVIEWER'S SIGNATURE	DATE	APPROVAL
Chairperson or Supervisor			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dean or Director			<input type="checkbox"/> Yes <input type="checkbox"/> No
Division of Sponsored Research (if applicable)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Reviewed by:			<input type="checkbox"/> Yes <input type="checkbox"/> No

UNIVERSITY EQUIPMENT, FACILITIES AND SERVICES
(For Use with Report of Outside Employment or Professional Activity Form)

An employee who engages in outside activities cannot normally expect to use University equipment, facilities and/or services. The use of these resources will be allowed only on a non-interference basis to the extent that (1) no more than normal depreciation of equipment is experienced and that (2) the use of facilities and/or services will not result in added expenses to the University. Please note that there may be charges for equipment, services and/or facilities as deemed appropriate by approving authority. All sections that apply (Equipment, Facilities, and/or Services) will need to be completed and signed by Director or higher level area/department Supervisor. Sections that do not apply do not need to be completed.

The employee, upon signing this statement, certifies that the use of these University resources is specifically for the purpose of performing the activities listed and approved on the attached Report of Outside Employment or Professional Activity for FAU Employees form and does not constitute unfair competition with private enterprise.

EQUIPMENT

Equipment and manner in which it will be used: iMac in office

Department and college or other area(s) in which equipment is located: _____

RECOMMENDATION FOR APPROVAL OF USE OF EQUIPMENT ON A NON-INTERFERENCE BASIS:

Signature/Area Supervisor (Director level or higher): _____ Date: _____

FACILITIES

Facilities and manner in which it will be used: Rec'd practice mp3 files weekly on Garage Band and iTunes for broadcast

Department and college or other area(s) in which facilities are located: 5cm5/ date and letters

RECOMMENDATION FOR APPROVAL OF USE OF FACILITIES ON A NON-INTERFERENCE BASIS:

Signature/Area Supervisor (Director level or higher): _____ Date: _____

SERVICES
(Including Computer)

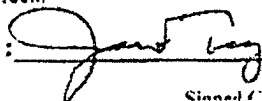
Services and manner in which they will be used (if computer services are used include a statement describing class and type of service and description of use): _____

Department and college or other area(s) which will provide services: _____

RECOMMENDATION FOR APPROVAL OF USE OF SERVICES ON A NON-INTERFERENCE BASIS:

Signature/Area Supervisor (Director level or higher): _____ Date: _____

I assure the University that if in the course of this work the use of the above University resources changes significantly, a new application will be submitted immediately. I also agree to pay any charges (if applicable) assessed for use of equipment, facilities, and/or services.

Employee Signature and Z#:  200007963 Date: 2/15/15



REPORT of OUTSIDE EMPLOYMENT of 2015-16
 PROFESSIONAL ACTIVITY for FAU EMPLOYEES

Select: Original Submission Or: Updated or Continuing Submission

This report of proposed outside employment/activity is completed in order to comply with the rules of the University and the provisions of applicable Collective Bargaining Agreements. Please note that this report must be submitted and necessary approvals obtained on an annual basis for any activity continuing beyond June 30 of the year referenced.

If the outside employment/activity involves an entity or agency doing business with or proposing to do business with the University at the time this form is completed, the employee should also attach a REPORT OF SPECIFIED INTEREST form.

EMPLOYEE INFORMATION

Employee Name: JAMES F. TRACY Employee Status: (please select)
 Title: ASSOCIATE PROFESSOR AMP SP Administrative Faculty
 Department/Unit: SCHOOL OF COMMUNICATIONS Instructional Faculty: 9 Month 12 Month

PROPOSED EMPLOYMENT/ACTIVITY

Nature of Employment/Activity: (please check all that apply) Employment Other Professional Activity
 Continuing Business Interest (including managerial interest or position) Other Compensated Activity
 Name of Employer/Activity: TRUTH AND JUSTICE RADIO Anticipated Date(s): _____
 Location (City, State, Country): GENEVY CO (MANASSAS VA) Avg # of Hours per Week: 3

1. Description of Employment Activity: 1 HOUR WEEKLY CURRENT EVENTS PROGRAM
 2. Are FAU employees and/or students involved? No
 3. Total number of outside activity and financial interest reports submitted during this contractual period including this report. 2
 4. Estimate of total number hours spent per week during this contractual period on all outside activities including this one. 7
 5a. Are you required as a condition of the employment/activity to waive any rights you may have to intellectual property you develop, including patent rights? Yes No (If yes, the Division of Sponsored Research must review and approve the employment/activity.)
 5b. Will you be working for an entity that has either licensed, optioned, or acquired intellectual property from the University? Yes No (If yes, the Division of Sponsored Research must review and approve the employment/activity.)
 6. Will University equipment, facilities, or services be used in the course of this activity? Yes No (If yes, please attach a University Equipment, Facilities and Services form with this request.)

Instructional Faculty, please complete

12 Month Appointees, please complete

Will classes be missed? Yes No Has leave form been submitted? Yes No N/A
 How will classes be covered? _____ Has leave request been approved? Yes No

I hereby certify that the outside employment or professional activity reported here does not constitute a conflict of interest under Chapter 112, Florida Statutes, and will not interfere with my assigned duties and responsibilities at Florida Atlantic University. I agree to notify the University immediately if the nature of the activity described in this report changes.

Employee Signature: [Signature] 12/15/15

REVIEWER	REVIEWER'S SIGNATURE	DATE	APPROVAL
Chairperson or Supervisor			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dean or Director			<input type="checkbox"/> Yes <input type="checkbox"/> No
Division of Sponsored Research (if applicable)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Affairs			<input type="checkbox"/> Yes <input type="checkbox"/> No

UNIVERSITY EQUIPMENT, FACILITIES AND SERVICES

(For Use with Report of Outside Employment or Professional Activity Form)

An employee who engages in outside activities cannot normally expect to use University equipment, facilities and/or services. The use of these resources will be allowed only on a non-interference basis to the extent that (1) no more than normal depreciation of equipment is experienced and that (2) the use of facilities and/or services will not result in added expenses to the University. Please note that there may be charges for equipment, services and/or facilities as deemed appropriate by approving authority. All sections that apply (Equipment, Facilities, and/or Services) will need to be completed and signed by Director or higher level area/department Supervisor. Sections that do not apply do not need to be completed.

The employee, upon signing this statement, certifies that the use of these University resources is specifically for the purpose of performing the activities listed and approved on the attached Report of Outside Employment or Professional Activity for FAU Employees form and does not constitute unfair competition with private enterprise.

EQUIPMENT

Equipment and manner in which it will be used: iMac in office

Department and college or other area(s) in which equipment is located: Office 5cms, Arts and Letters

RECOMMENDATION FOR APPROVAL OF USE OF EQUIPMENT ON A NON-INTERFERENCE BASIS:

Signature/Area Supervisor (Director level or higher): _____ Date: _____

FACILITIES

Facilities and manner in which it will be used: Record and produce mp3 files weekly on GarageBand and iTunes for live work

Department and college or other area(s) in which facilities are located: _____

RECOMMENDATION FOR APPROVAL OF USE OF FACILITIES ON A NON-INTERFERENCE BASIS:

Signature/Area Supervisor (Director level or higher): _____ Date: _____

SERVICES

(Including Computer)

Services and manner in which they will be used (if computer services are used include a statement describing class and type of service and description of use): _____

Department and college or other area(s) which will provide services: _____

RECOMMENDATION FOR APPROVAL OF USE OF SERVICES ON A NON-INTERFERENCE BASIS:

Signature/Area Supervisor (Director level or higher): _____ Date: _____

I assure the University that if in the course of this work the use of the above University resources changes significantly, a new application will be submitted immediately. I also agree to pay any charges (if applicable) assessed for use of equipment, facilities, and/or services.

Employee Signature and Z# : James F. May 200009763 Date: 12/15/15