



WRITE NO WRITE
 EXPEDITE

EXHIBIT WORKSHEET

****USE A DIFFERENT WORKSHEET FOR EACH WITNESS****

Reporter Name: COOPER Job Number: 780069
 Job Date: 4/3 Date Submitted: 4/17 Date Due: _____
 Witness Name: ELSON
 Case Style: TRACY V FAU

Total Number of Exhibits: PE-1 Plaintiff Total: _____ Defendant Total: _____

Exhibits Marked As: Numerical (1-10) Alphabetical (A-Z) Both

Black & White: _____ Color: _____ Oversize: _____ CD: _____

Color for Color: Yes No B&W for Color: Yes No

If Original Exhibits do not get attached Original Transcript to whom are they to be sent:

Name, Firm and/or Company: _____
 Address: _____ City, State, Zip: _____
 Phone Number: _____

Special Instructions: _____

Production use only

Exhibits Marked As: Numerical (1-10) Alphabetical (A-Z) Both

Black & White: _____ Color: _____ Oversize: _____ CD: _____

Date Scanned: _____ Scanned By: _____ Archived By: _____

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REPORT of OUTSIDE EMPLOYMENT or 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:	<input type="text"/>	Employee Status: (please select)
Title:	<input type="text"/>	<input type="radio"/> AMP <input type="radio"/> SP <input type="radio"/> Administrative Faculty
Department/Unit:	<input type="text"/>	Instructional Faculty: <input 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: Anticipated Date(s):

Location(City, State, Country): Avg # of Hours per Week:

1. Description of Employment Activity:

2. Are FAU employees and/or students involved?

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

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

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 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? <input type="text"/>	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 _____

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 VP			<input type="checkbox"/> Yes <input type="checkbox"/> No

