

Administrative and Professional Faculty

I plan to engage in extra employment during the 20____ - ____ contract year.

Signature

Date

Please complete the following information:

a. Name and address of employer (or indicate if self-employed).
b. Amount of time to be spent in extra employment (hours per week or month).
c. Expected duration of extra employment. (Maximum of one year; longer periods must be reconsidered annually.)
d. Detailed description of the duties and responsibilities of the extra employment.
e. Explanation of how the extra employment will complement your duties and/or professional development.
f. Explanation of how the extra employment will be carried out without adversely affecting your responsibilities at Radford University
g. Extent to which Radford

Dean/Director

Recommend: _____ approval _____ disapproval

Comments (if any):

(Signature)

(Date)

Employee's Division Head (President/Vice President/Provost)

Recommend: _____ approval _____ disapproval

Comments (if any):

(Signature)

(Date)