FORM 3260B/6240B ANNUAL Disclosure of Outside Employment (20 hours/week or more) *or ANY* Consulting for Compensation

Name _____ Department _____

Vandal No. _____ Position Title _____

Please provide the following information for all non-University of Idaho employers that are providing you compensation.

Outside Employer	Period of Employment	Estimated Hrs Per week	Nature of Outside Employment and its Relationship to the University

Employee Disclosure of Outside Employment

By signing here, you are certifying that the information that you provide in this form is accurate to the best of your knowledge as of the date of your signature, and you commit to providing an updated form to your supervisor if a material change occurs in your compensation from outside employment.

Signed _____ Date _____

Supervisor Review

The supervisor's signature here reflects that he or she has reviewed this form.

Department Chair / or Unit Administrator / or Institute Director Date

- Copy to employee, supervisor or unit administrator, and human resources
- Original document on file in the office of the chair of the Ethical Guidance and Oversight committee, campus zip: 3158