



REQUEST FOR APPROVAL OF EXTERNAL PROFESSIONAL COMMITMENT (REPC)

Prepared by: _____ for: _____ Date Submitted: _____

Name: _____

Faculty Professional Staff Title: _____

Department: _____

Term of Appointment: _____

Total Percent of Employment: _____

Department Chair/Manager _____

Name of Organization:

Type of Activity:

- Teaching:
- Professional Consulting:
- Outside Scholarly Activity
- Other _____

Brief Description of Activity:

Type of Organization:

- Professional
- Educational:
- Scientific
- Other _____

Type of Compensation: None Annual Estimated Amount _____
 Expenses Only Annual Estimated Amount _____
 Compensation Only Annual Estimated Amount _____
 Expenses and Compensation Annual Estimated Amount _____

Number of Days (with responses to the quarter day; e.g.: 5.25)

Actual Number of Days 20__ : On Campus _____ Off Campus _____ Total _____

Estimated Number of Days 20__ : On Campus _____ Off Campus _____ Total _____

Cumulative Dates for 20__ :		
On Campus	Off Campus	Total
_____	_____	_____

Statement of how Requester will manage his/her duties and obligations to the University in light of the activity and time commitment set forth above.

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Recommendation of Direct Administrative Supervisor

- Approve
- Deny

Date submitted to Dean _____

Dean or Divisional Director's Decision

- Approve
- Deny

Signature: _____