

University of Illinois
University Administration
Academic Staff
2009-2010 Report of
Non-University Activities (RNA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: _____
 First Name: _____
 Title / Rank: _____
 College: _____
 Dept. / Unit: _____
 Appointment ____%

University Contract Period¹
 9 months/ 10 months/ 12 months/ Summer

PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? yes* no
2. Do you or does any member of your family² have a managerial role or a significant³ financial relationship with an outside entity that does business with the University or with an outside entity in a field of your research? yes* no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? yes* no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. yes* no

**Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.*

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do not need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2008-2009 Aug.16 - Aug.15 Retrospective Days Spent During this Reporting Period	2009-2010 Aug.16 - Aug.15 Prospective Days to be Spent in Current Reporting Period

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature _____ Date _____

Please submit to your unit head for administrative review and approval.

¹ Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.
² University Policy defines "Family" as one's spouse and children.
³ Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,500 as of July 1, 2009.)
⁴ The University Policy on Conflicts of Commitment and Interest is available at: http://www.vpaa.uillinois.edu/policies/conflict_toc.cfm

Administrative Review and Approval, UA RNUA 2009-2010

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)

A. Based on the activity reported and to the best of my knowledge and in my judgment:

- No conflict of interest or commitment exists.

- A conflict of interest or commitment may exist, but is being monitored by the department.
If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)

- A conflict of interest or commitment may exist that warrants further review.
If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)

B. *Please complete if question 3 on page 1 of the form is answered affirmatively:*

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.

- Agree

- Disagree
If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)

PART V. Approval of Activities (Please attach a copy of any referenced explanation.)

A. Retrospective Activities (2008-2009)

- No retrospective activities are reported or all retrospective activities are approved.

- Some or all retrospective activities are not approved.
If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)

B. Prospective Activities (2009-2010)

- No prospective activities are reported or all prospective activities are approved.

- Some or all declared prospective activities are not approved.
If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)

The above information is correct and complete to the best of my knowledge.

Unit Head Signature _____ Date _____

PART VI. Review and Approval of Activities by Dean and Others as Required.

Dean/Director/VP Signature
(If approval needed) _____ Date _____

Additional Reviews
(Signatures) _____ Date _____

_____ Date _____