

**University of Illinois at Urbana Champaign  
Academic Staff  
2009-2010 Report of Non-University Activities (RNAU)  
Disclosure and Request for Prior Approval**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Title/Rank: \_\_\_\_\_  
College: \_\_\_\_\_  
Dept./Unit: \_\_\_\_\_  
Appointment: \_\_\_\_\_ %  
University Contract Period<sup>1</sup>:            9 mths.            10 mths.            12 mths.            Summer

**PART I. Conflict of Interest Screening**

Please list and explain in an attached statement any “yes” responses. Lists in Part II are not sufficient as an explanation.

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 family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with an organization that does business with the University or with an organization 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**

**PART II. Listing of Non-University Income Producing Activities**

- Please complete this section regardless of your percentage appointment.
- Report days per week, 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.

**I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT.**

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<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends, and holidays during the term of employment.

<sup>2</sup> University policy defines “Family” as one’s spouse and children.

<sup>3</sup> 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 ½% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor’s salary \$177,500 as of July 30, 2009.)

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 the reporting period:

2009-2010 Aug. 16 – Aug. 15 **Prospective** Days to be spent in current reporting period:

**PART III. Affirmation**

I affirm that I have read the University’s *Policy on Conflicts of Commitment and Interest*<sup>4</sup> 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:** \_\_\_\_\_

**Administrative Review and Approval, UIUC 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).*

<sup>4</sup> The University Policy on *Conflicts of Commitment and Interest* is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.cfm](http://www.vpaa.uillinois.edu/policies/conflict_toc.cfm).

**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: \_\_\_\_\_ Date: \_\_\_\_\_  
(If approval needed.)

Additional Reviews Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_