



## Notice of Intent: Non-Credit Activities

*Part-time and Adjunct Faculty/Instructors Who Are Not Benefits Eligible*

*Non-credit activities, like outside work, are voluntary, detached from any faculty performance agreements, excluded from academic performance evaluations, and subject to all BOR and KSU policies and procedures. This form must be fully completed by the faculty member and signed by all approvers prior to engaging in any non-credit activities for compensation.*

### Faculty/Staff Member Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

College/Unit: \_\_\_\_\_ School/Department: \_\_\_\_\_

**Number of hours worked per week as stated in hiring letter:** \_\_\_\_\_

### Description of Non-Credit Activities

Contracting Program: \_\_\_\_\_

Program Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Program Begin/End Dates: \_\_\_\_\_

Anticipated Total Compensation: \_\_\_\_\_

**Hours that will be spent on these Activities per week:** \_\_\_\_\_

General description of the program:

Description of your activities in the program:

## Signatures

### Faculty/Staff Member:

By signing below, I attest that all information on this submission is true and correct, and that performing the non-credit activities described above will not interfere with my ability to perform all of my assigned responsibilities, as delineated in my faculty performance agreement. *I understand that if the hours that are anticipated to be worked on these non-credit activities per week would make me eligible for employee benefits, then I may not be allowed to participate.* Further, I understand that I may not be allowed to participate in this program if my most recent annual review did not reflect that my regular work performance met or exceeded expectations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Approvers:

By signing below, I attest that I have reviewed the proposed work, determined that it does not cause a conflict of commitment for the faculty/staff member and approve this person to engage in the stated non-credit activities for additional compensation:

### School Director or Department Chair:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Dean or Dean's Designee:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Note:**

*This form will be required to be submitted, as an attachment, in support of requests for additional compensation after the conclusion of the non-credit activity.*

Copies of the signed form should be provided to:

- The faculty member.
- The manager of the non-credit program.
- The Dean of the College of Professional Education (if the non-credit activity is being managed by CPE).