

**School of Arts and Sciences
Faculty Approval Form for Work Activity at
Alabama A&M Research Institute (AAMURI)**

[Instructions: A separate approval form is required for each desired work activity or funding source at AAMURI. After completing a form, you may hand delivery it to your chairperson' office, then to the dean's office; or if you have an electronic signature, you may email a pdf file to the chairperson and then to the office of the dean at matthew.edwards@aamu.edu. For work activities longer than one year, a new form must be completed every 12 months. It is your responsibility to get the required signatures. Use additional blank sheets if needed.]

Date: _____

Name: _____ Department of your employment at A&M: _____

What is your employment category or status at A&M (check all that apply)?

- ____ Tenured faculty
- ____ Full time tenure track faculty
- ____ Full time non-tenure track faculty
- ____ Part time non-tenure track faculty
- ____ Research Faculty
- ____ Adjunct faculty
- ____ Other

What are the name and a brief description of the desired work activity at the AAMURI?

How will the desired work activity assist in your professional development?

What is the funding source or agency for the desired work activity at the AAMURI?

How much time (in hours) does the desired work activity require of you per week?

What day(s) of the week and time(s) are you expecting to engage in the desired work activity? (i.e. Monday 5:00-7:30 pm, and/or Wednesday 2:00-5:00 pm)?

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Will the desired work activity at AAMURI interfere with your duties and responsibilities at the main part of the campus?

- No
 Yes (please explain)

How long of a time period do you request for the desired work activity approval?

- 0 – 3 months
 4 – 6 months
 6 – 12 months

What is your approximate length of employment at A&M?

- 0 – 2 years
 2 – 5 years
 5 – 10 years
 more than 10 years

The work activity of this request will be conducted or performed at:

- Center for Irradiation of Materials (CIM)
 lab or facility on the main-part of the campus other than the CIM
 Both the CIM, and a lab or other facility on the main-part of the campus
 other

How many cumulative years have you worked on activities at AAMURI/Center for Irradiation of Materials?

- 0 years
 1 – 2 years
 3 – 5 years
 6 – 10 years
 more than 10 years

How did you hear of this work activity? _____

Faculty's signature: _____

Name of Department Chairperson: _____

Chairperson's Action: Work activity: Approved Declined Date: _____
(Explain the declination)

Chairperson's signature: _____

Dean's Action: Work activity: Approved Declined Date: _____
(Explain the declination)

Dean's signature: _____