

Addendum A

University of Houston

Annual Certification of Compliance
Consulting and Professional Services Reporting Form

Please complete the following information to report paid outside consulting or professional service activities for full-time benefits-eligible faculty and exempt staff.

Name: _____

Department: _____

Circle One: Faculty Exempt Staff

Reporting Period (Academic Year): _____

Aggregate number of day
spent on paid outside activities: _____

Signature: _____ Date: _____

Reviewed by: _____ Date: _____
Signature of Department Head

Please type name and title of reviewing official:

Name

Title