

## Diane Alperin

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**From:** Heather Coltman  
**Sent:** Tuesday, December 15, 2015 10:17 PM  
**To:** Lawrence Glick; Diane Alperin; David Kian  
**Subject:** Fwd: Response to your letter  
**Attachments:** Tracy\_Outside\_Activities.pdf; ATT00001.htm

Sent from my iPhone

Begin forwarded message:

**From:** James Tracy <jftracy@fau.edu>  
**Date:** December 15, 2015 at 10:02:45 PM EST  
**To:** Heather Coltman <coltman@fau.edu>, David Williams <dcwill@fau.edu>  
**Subject: Re: Response to your letter**

Dear Dean Coltman,

Per your request the Outside Activities Forms and accompanying documentation are attached.

Sincerely,

James Tracy

**From:** James Tracy  
**Sent:** Tuesday, December 15, 2015 8:52 PM  
**To:** Heather Coltman; David Williams  
**Subject: Re: Response to your letter**

Dear Dean Coltman,

As you are aware, I am on paternity leave this term and do not check my email on a regular basis. I have just received your email dated Friday December 11, 2015 this evening, December 15.

I will submit the requested materials to you by December 16.

Sincerely,

James Tracy

**From:** Heather Coltman  
**Sent:** Friday, December 11, 2015 7:08 PM  
**To:** James Tracy; David Williams  
**Subject:** Response to your letter

Dear Dr. Tracy,

I am in receipt of your letter of November 22, 2015 in response to your reprimand, and have reviewed the arguments you presented related to reporting outside activity, your research assignment, free speech and academic freedom.

I am writing to reiterate clearly that you must file Report of Outside Employment or Professional Activity forms for 2013-14, 2014-15 and 2015-16, as required by university policy, Article 19 of the UFF/FAUBOT Collective Bargaining Agreement, and as directed by me in my Notice of Discipline dated November 20, 2015. This is not optional.

Because you claim that you were confused, and I have now addressed that, I will extend the deadline to submit these reports to me. I must receive complete and accurate outside activity reports for these years before Monday, December 14, 2015 at 5:00 p.m. or you will receive further disciplinary action up to and including termination.

Sincerely,  
Heather Coltman

Dr. Heather Coltman, Dean  
Dorothy F. Schmidt College of Arts and Letters  
Florida Atlantic University  
Boca Raton, FL 33431  
[coltman@fau.edu](mailto:coltman@fau.edu)  
561-297-3801



2013-14

**REPORT of OUTSIDE EMPLOYMENT or  
PROFESSIONAL ACTIVITY for FAU EMPLOYEES**

Select:  Original Submission   Or:  Updated or Continuing Submission

This report of proposed outside employment/activity is completed in order to comply with the rules of the University and the provisions of applicable Collective Bargaining Agreements. Please note that this report must be submitted and necessary approvals obtained on an annual basis for any activity continuing beyond June 30 of the year referenced.

If the outside employment/activity involves an entity or agency doing business with or proposing to do business with the University at the time this form is completed, the employee should also attach a **REPORT OF SPECIFIED INTEREST** form.

**EMPLOYEE INFORMATION**

Employee Name:	JAMES F. TRACY		Employee Status: (please select)
Title:	ASSOCIATE PROFESSOR		<input type="radio"/> AMP <input type="radio"/> SP <input type="radio"/> Administrative Faculty
Department/Unit:	SCHOOL OF COMMUNICATION		Instructional Faculty: <input checked="" type="radio"/> 9 Month <input type="radio"/> 12 Month

**PROPOSED EMPLOYMENT/ACTIVITY**

Nature of Employment/Activity: (please check all that apply)	<input type="checkbox"/> Employment	<input checked="" type="checkbox"/> Other Professional Activity
<input type="checkbox"/> Continuing Business Interest (including managerial interest or position)	<input type="checkbox"/> Other Compensated Activity	

Name of Employer/Activity	GLOBAL RESEARCH, CY	Anticipated Date(s)	on-going
Location/City, State, Country	MONTREAL, CY / ONLINE / NON-PROFIT	Avg # of Hours per Week	

1. Description of Employment Activity	ARTICLES OF MEDIA CRITICISM / ANALYSTS		
2. Are FAU employees and/or students involved?	No		
3. Total number of outside activity and financial interest reports submitted during this contractual period including this report.	1		
4. Estimate of total number hours spent per week during this contractual period on all outside activities including this one.	3		
5a. Are you required as a condition of the employment/activity to waive any rights you may have to intellectual property you develop, including patent rights? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, the Division of Sponsored Research must review and approve the employment/activity.)			
5b. Will you be working for an entity that has either licensed, optioned, or acquired intellectual property from the University? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, the Division of Sponsored Research must review and approve the employment/activity.)			
6. Will University equipment, facilities, or services be used in the course of this activity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, please attach a <i>University Equipment, Facilities and Services</i> form with this request.)			

Instructional Faculty, please complete

12 Month Appointees, please complete

Will classes be missed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Has leave form been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
How will classes be covered?	Has leave request been approved? <input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that the outside employment or professional activity reported here does not constitute a conflict of interest under Chapter 112, Florida Statutes, and will not interfere with my assigned duties and responsibilities at Florida Atlantic University. I agree to notify the University immediately if the nature of the activity described in this report changes.

Employee Signature James F. Tracy 12/15/15

REVIEWER	REVIEWER'S SIGNATURE	DATE	APPROVAL
Chairperson or Supervisor			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dean or Director			<input type="checkbox"/> Yes <input type="checkbox"/> No
Division of Sponsored Research (if applicable)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments			



**REPORT of OUTSIDE EMPLOYMENT or  
PROFESSIONAL ACTIVITY for FAU EMPLOYEES**

2014-15

Select:  Original Submission Or:  Updated or Continuing Submission

This report of proposed outside employment/activity is completed in order to comply with the rules of the University and the provisions of applicable Collective Bargaining Agreements. Please note that this report must be submitted and necessary approvals obtained on an annual basis for any activity continuing beyond June 30 of the year referenced.

If the outside employment/activity involves an entity or agency doing business with or proposing to do business with the University at the time this form is completed, the employee should also attach a **REPORT OF SPECIFIED INTEREST** form.

**EMPLOYEE INFORMATION**

Employee Name:	JAMES E. TRAVIS	Employee Status: (please select)	
Title:	ASSOCIATE PROFESSOR	<input type="radio"/> AMP	<input type="radio"/> SP
Department/Unit:	SCHOOL OF COMMUNICATION	Administrative Faculty	
		<input checked="" type="radio"/> 9 Month	<input type="radio"/> 12 Month

**PROPOSED EMPLOYMENT/ACTIVITY**

Nature of Employment/Activity: (please check all that apply)	<input type="checkbox"/> Employment	<input checked="" type="checkbox"/> Other Professional Activity
<input type="checkbox"/> Continuing Business Interest (including managerial interest or position)	<input type="checkbox"/> Other Compensated Activity	
Name of Employer/Activity	GLOBAL RESEARCH, INC	Anticipated Date(s)
Location(City, State, Country)	MONTREAL, QC (ONE TIME NON-NONE)	Avg # of Hours per Week
3		

1. Description of Employment Activity	PROFESSIONAL PAPERS ON MEDIA CRITICISM/ARTICLES
2. Are FAU employees and/or students involved?	No
3. Total number of outside activity and financial interest reports submitted during this contractual period including this report.	2
4. Estimate of total number hours spent per week during this contractual period on all outside activities including this one.	6
5a. Are you required as a condition of the employment/activity to waive any rights you may have to intellectual property you develop, including patent rights? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, the Division of Sponsored Research must review and approve the employment/activity.)	
5b. Will you be working for an entity that has either licensed, optioned, or acquired intellectual property from the University? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, the Division of Sponsored Research must review and approve the employment/activity.)	
6. Will University equipment, facilities, or services be used in the course of this activity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, please attach a University Equipment, Facilities and Services form with this request.)	

Instructional Faculty, please complete

12 Month Appointees, please complete

Will classes be missed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Has leave form been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
How will classes be covered?	Has leave request been approved? <input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that the outside employment or professional activity reported here does not constitute a conflict of interest under Chapter 112, Florida Statutes, and will not interfere with my assigned duties and responsibilities at Florida Atlantic University. I agree to notify the University immediately if the nature of the activity described in this report changes.

Employee Signature James E. Travis 12/15/15

REVIEWER	REVIEWER'S SIGNATURE	DATE	APPROVAL
Chairperson or Supervisor			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dean or Director			<input type="checkbox"/> Yes <input type="checkbox"/> No
Division of Sponsored Research (If applicable)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature on line			<input type="checkbox"/> Yes <input type="checkbox"/> No



**REPORT of OUTSIDE EMPLOYMENT or  
PROFESSIONAL ACTIVITY for FAU EMPLOYEES**

2015-16

Select:  Original Submission    Or:  Updated or Continuing Submission

This report of proposed outside employment/activity is completed in order to comply with the rules of the University and the provisions of applicable Collective Bargaining Agreements. Please note that this report must be submitted and necessary approvals obtained on an annual basis for any activity continuing beyond June 30 of the year referenced.

If the outside employment/activity involves an entity or agency doing business with or proposing to do business with the University at the time this form is completed, the employee should also attach a *REPORT OF SPECIFIED INTEREST* form.

**EMPLOYEE INFORMATION**

Employee Name:	James F. Tracy	Employee Status: (please select)
Title:	Associate Professor	<input type="radio"/> AMP <input type="radio"/> SP <input type="radio"/> Administrative Faculty
Department/Unit:	SCHOOL OF COMMUNICATION	Instructional Faculty: <input checked="" type="radio"/> 9 Month <input type="radio"/> 12 Month

**PROPOSED EMPLOYMENT/ACTIVITY**

Nature of Employment/Activity: (please check all that apply)	<input type="checkbox"/> Employment <input checked="" type="checkbox"/> Other Professional Activity		
<input type="checkbox"/> Continuing Business Interest (including managerial interest or position)	<input type="checkbox"/> Other Compensated Activity		
Name of Employer/Activity	GLOBAL RESEARCH, INC.	Anticipated Date(s)	
Location(City, State, Country)	MONTREAL, QC, CANADA	Avg # of Hours per Week	3

1. Description of Employment Activity	MANAGING PARTNER ON NEW CRITICS PROJECT
2. Are FAU employees and/or students involved?	NU
3. Total number of outside activity and financial interest reports submitted during this contractual period including this report.	2
4. Estimate of total number hours spent per week during this contractual period on all outside activities including this one.	6
5a. Are you required as a condition of the employment/activity to waive any rights you may have to intellectual property you develop, including patent rights? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, the Division of Sponsored Research must review and approve the employment/activity.)	
5b. Will you be working for an entity that has either licensed, optioned, or acquired intellectual property from the University? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, the Division of Sponsored Research must review and approve the employment/activity.)	
6. Will University equipment, facilities, or services be used in the course of this activity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, please attach a University Equipment, Facilities and Services form with this request.)	

Instructional Faculty, please complete	12 Month Appointees, please complete
Will classes be missed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Has leave form been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
How will classes be covered?	Has leave request been approved? <input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that the outside employment or professional activity reported here does not constitute a conflict of interest under Chapter 112, Florida Statutes, and will not interfere with my assigned duties and responsibilities at Florida Atlantic University. I agree to notify the University immediately if the nature of the activity described in this report changes.

Employee Signature James F. Tracy 12/15/15

REVIEWER	REVIEWER'S SIGNATURE	DATE	APPROVAL
Chairperson or Supervisor			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dean or Director			<input type="checkbox"/> Yes <input type="checkbox"/> No
Division of Sponsored Research (if applicable)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments			<input type="checkbox"/> Yes <input type="checkbox"/> No



**REPORT of OUTSIDE EMPLOYMENT or *2014-15*  
PROFESSIONAL ACTIVITY for FAU EMPLOYEES**

Select:  Original Submission    Or  Updated or Continuing Submission

This report of proposed outside employment/activity is completed in order to comply with the rules of the University and the provisions of applicable Collective Bargaining Agreements. Please note that this report must be submitted and necessary approvals obtained on an annual basis for any activity continuing beyond June 30 of the year referenced.

If the outside employment/activity involves an entity or agency doing business with or proposing to do business with the University at the time this form is completed, the employee should also attach a *REPORT OF SPECIFIED INTEREST* form.

**EMPLOYEE INFORMATION**

Employee Name:	THOMAS F. TAWNY	Employee Status: (please select)
Title:	ASSOCIATE PROFESSOR	<input type="radio"/> AMP <input type="radio"/> SP <input type="radio"/> Administrative Faculty
Department/Unit:	SCHOOL OF COMMUNICATION	Instructional Faculty: <input checked="" type="radio"/> 9 Month <input type="radio"/> 12 Month

**PROPOSED EMPLOYMENT/ACTIVITY**

Nature of Employment/Activity: (please check all that apply)	<input type="checkbox"/> Employment	<input checked="" type="checkbox"/> Other Professional Activity
<input type="checkbox"/> Continuing Business Interest (including managerial interest or position)	<input type="checkbox"/> Other Compensated Activity	
Name of Employer/Activity	THE-TV FREQUENCIES, INC.	Anticipated Date(s)
Location(City, State, Country)	DENVER CO (NON-PROFIT BROADCASTER)	Avg # of Hours per Week

1. Description of Employment Activity	MANAGE WEEKLY CURRENT AFFAIRS PROGRAM
2. Are FAU employees and/or students involved?	<input type="checkbox"/> No
3. Total number of outside activity and financial interest reports submitted during this contractual period including this report.	2
4. Estimate of total number hours spent per week during this contractual period on all outside activities including this one.	6
5a. Are you required as a condition of the employment/activity to waive any rights you may have to intellectual property you develop, including patent rights? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, the Division of Sponsored Research must review and approve the employment/activity.)	
5b. Will you be working for an entity that has either licensed, optioned, or acquired intellectual property from the University? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, the Division of Sponsored Research must review and approve the employment/activity.)	
6. Will University equipment, facilities, or services be used in the course of this activity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach a <i>University Equipment, Facilities and Services</i> form with this request.)	

Instructional Faculty, please complete

12 Month Appointees, please complete

Will classes be missed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Has leave form been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
How will classes be covered?	Has leave request been approved? <input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that the outside employment or professional activity reported here does not constitute a conflict of interest under Chapter 112, Florida Statutes, and will not interfere with my assigned duties and responsibilities at Florida Atlantic University. I agree to notify the University immediately if the nature of the activity described in this report changes.

Employee Signature James F. Tawny 12/15/15

REVIEWER	REVIEWER'S SIGNATURE	DATE	APPROVAL
Chairperson or Supervisor			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dean or Director			<input type="checkbox"/> Yes <input type="checkbox"/> No
Division of Sponsored Research (If applicable)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments			<input type="checkbox"/> Yes <input type="checkbox"/> No

## UNIVERSITY EQUIPMENT, FACILITIES AND SERVICES

(For Use with Report of Outside Employment or Professional Activity Form)

An employee who engages in outside activities cannot normally expect to use University equipment, facilities and/or services. The use of these resources will be allowed only on a non-interference basis to the extent that (1) no more than normal depreciation of equipment is experienced and that (2) the use of facilities and/or services will not result in added expenses to the University. Please note that there may be charges for equipment, services and/or facilities as deemed appropriate by approving authority. All sections that apply (Equipment, Facilities, and/or Services) will need to be completed and signed by Director or higher level area/department Supervisor. Sections that do not apply do not need to be completed.

The employee, upon signing this statement, certifies that the use of these University resources is specifically for the purpose of performing the activities listed and approved on the attached Report of Outside Employment or Professional Activity for FAU Employees form and does not constitute unfair competition with private enterprise.

### EQUIPMENT

Equipment and manner in which it will be used: Place in artice

Department and college or other area(s) in which equipment is located: \_\_\_\_\_

### RECOMMENDATION FOR APPROVAL OF USE OF EQUIPMENT ON A NON-INTERFERENCE BASIS:

Signature/Area Supervisor (Director level or higher): \_\_\_\_\_ Date: \_\_\_\_\_

### FACILITIES

Facilities and manner in which it will be used: Recuiffice my 3 riles awolby on  
George Bal and Tines for buderst

Department and college or other area(s) in which facilities are located: 5cm5/ ride a 1000

### RECOMMENDATION FOR APPROVAL OF USE OF FACILITIES ON A NON-INTERFERENCE BASIS:

Signature/Area Supervisor (Director level or higher): \_\_\_\_\_ Date: \_\_\_\_\_

### SERVICES (Including Computer)

Services and manner in which they will be used (if computer services are used include a statement describing class and type of service and description of use): \_\_\_\_\_

Department and college or other area(s) which will provide services: \_\_\_\_\_

### RECOMMENDATION FOR APPROVAL OF USE OF SERVICES ON A NON-INTERFERENCE BASIS:

Signature/Area Supervisor (Director level or higher): \_\_\_\_\_ Date: \_\_\_\_\_

I assure the University that if in the course of this work the use of the above University resources changes significantly, a new application will be submitted immediately. I also agree to pay any charges (if applicable) assessed for use of equipment, facilities, and/or services.

Employee Signature and Z#: 200007763 Date: 2/15/15



**REPORT of OUTSIDE EMPLOYMENT or *2015-16*  
PROFESSIONAL ACTIVITY for FAU EMPLOYEES**

Select:  Original Submission Or:  Updated or Continuing Submission

This report of proposed outside employment/activity is completed in order to comply with the rules of the University and the provisions of applicable Collective Bargaining Agreements. Please note that this report must be submitted and necessary approvals obtained on an annual basis for any activity continuing beyond June 30 of the year referenced.

If the outside employment/activity involves an entity or agency doing business with or proposing to do business with the University at the time this form is completed, the employee should also attach a *REPORT OF SPECIFIED INTEREST* form.

**EMPLOYEE INFORMATION**

Employee Name:	James F. Tracy	Employee Status: (please select)
Title:	Associate Professor	<input type="radio"/> AMP <input type="radio"/> SP <input type="radio"/> Administrative Faculty
Department/Unit:	SCHOOL OF COMMUNICATIONS	Instructional Faculty: <input type="radio"/> 9 Month <input type="radio"/> 12 Month

**PROPOSED EMPLOYMENT/ACTIVITY**

Nature of Employment/Activity: (please check all that apply)	<input type="checkbox"/> Employment	<input checked="" type="checkbox"/> Other Professional Activity
<input type="checkbox"/> Continuing Business Interest (including managerial interest or position)	<input type="checkbox"/> Other Compensated Activity	
Name of Employer/Activity	FAU-TV (THE FAU CHANNEL)	Anticipated Date(s)
Location(City, State, Country)	AVENUE CO (NEWPORT BEACH CALIFORNIA)	Avg # of Hours per Week

1. Description of Employment Activity	TEACHING OUTSIDE CURRENT EVENTS PROGRAM	
2. Are FAU employees and/or students involved?	No	
3. Total number of outside activity and financial interest reports submitted during this contractual period including this report.	2	
4. Estimate of total number hours spent per week during this contractual period on all outside activities including this one.	7	
5a. Are you required as a condition of the employment/activity to waive any rights you may have to intellectual property you develop, including patent rights? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, the Division of Sponsored Research must review and approve the employment/activity.)		
5b. Will you be working for an entity that has either licensed, optioned, or acquired intellectual property from the University? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, the Division of Sponsored Research must review and approve the employment/activity.)		
6. Will University equipment, facilities, or services be used in the course of this activity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach a University Equipment, Facilities and Services form with this request.)		

Instructional Faculty, please complete

12 Month Appointees, please complete

Will classes be missed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Has leave form been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
How will classes be covered?	Has leave request been approved? <input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that the outside employment or professional activity reported here does not constitute a conflict of interest under Chapter 112, Florida Statutes, and will not interfere with my assigned duties and responsibilities at Florida Atlantic University. I agree to notify the University immediately if the nature of the activity described in this report changes.

Employee Signature James F. Tracy 12/15/15

REVIEWER	REVIEWER'S SIGNATURE	DATE	APPROVAL
Chairperson or Supervisor			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dean or Director			<input type="checkbox"/> Yes <input type="checkbox"/> No
Division of Sponsored Research (if applicable)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments			<input type="checkbox"/> Yes <input type="checkbox"/> No

## UNIVERSITY EQUIPMENT, FACILITIES AND SERVICES

(For Use with Report of Outside Employment or Professional Activity Form)

An employee who engages in outside activities cannot normally expect to use University equipment, facilities and/or services. The use of these resources will be allowed only on a non-interference basis to the extent that (1) no more than normal depreciation of equipment is experienced and that (2) the use of facilities and/or services will not result in added expenses to the University. Please note that there may be charges for equipment, services and/or facilities as deemed appropriate by approving authority. All sections that apply (Equipment, Facilities, and/or Services) will need to be completed and signed by Director or higher level area/department Supervisor. Sections that do not apply do not need to be completed.

The employee, upon signing this statement, certifies that the use of these University resources is specifically for the purpose of performing the activities listed and approved on the attached Report of Outside Employment or Professional Activity for FAU Employees form and does not constitute unfair competition with private enterprise.

### EQUIPMENT

Equipment and manner in which it will be used: IMac in office

Department and college or other area(s) in which equipment is located: Other 5cms, Virts and 100+

### RECOMMENDATION FOR APPROVAL OF USE OF EQUIPMENT ON A NON-INTERFERENCE BASIS:

Signature/Area Supervisor (Director level or higher): \_\_\_\_\_ Date: \_\_\_\_\_

### FACILITIES

Facilities and manner in which it will be used: Record and produce my 3 files weekly  
on George Sand and i-Tunes for broadcast

Department and college or other area(s) in which facilities are located: \_\_\_\_\_

### RECOMMENDATION FOR APPROVAL OF USE OF FACILITIES ON A NON-INTERFERENCE BASIS:

Signature/Area Supervisor (Director level or higher): \_\_\_\_\_ Date: \_\_\_\_\_

### SERVICES

(Including Computer)

Services and manner in which they will be used (if computer services are used include a statement describing class and type of service and description of use): \_\_\_\_\_

Department and college or other area(s) which will provide services: \_\_\_\_\_

### RECOMMENDATION FOR APPROVAL OF USE OF SERVICES ON A NON-INTERFERENCE BASIS:

Signature/Area Supervisor (Director level or higher): \_\_\_\_\_ Date: \_\_\_\_\_

I assure the University that if in the course of this work the use of the above University resources changes significantly, a new application will be submitted immediately. I also agree to pay any charges (if applicable) assessed for use of equipment, facilities, and/or services.

Employee Signature and Z#: James F. Tracy 200009763 Date: 12/15/15