

ADDENDUM A



TEXAS SOUTHERN UNIVERSITY

**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 eligible faculty and exempt staff.

Name: _____

Department(s): _____

Check One: Faculty Exempt Staff

Reporting Period (Academic Year): _____

Aggregate number of days spent on paid outside activities: _____

Signature: _____ Date: _____

Reviewed by: _____ Date: _____
Signature of Department Head

Please type name and title of reviewing official:

Name

Title