

Appendix G: Annual Report of Extra Income In Excess of \$500¹

Campus Where Employed: _____

Filing for Year: _____

1. Name of Employee: _____ ID # _____

2. Source and Amount of Income in Excess of \$500:

(a) _____ \$ _____
(Name of Public Agency) (Amount In Excess of \$500)

(b) _____ \$ _____
(Name of Public Agency) (Amount In Excess of \$500)

(c) _____ \$ _____
(Name of Public Agency) (Amount In Excess of \$500)

(d) _____ \$ _____
(Name of Public Agency) (Amount In Excess of \$500)

-VERIFICATION-

I do solemnly swear that the foregoing *Annual Report of Extra Income in Excess of \$500* filed herewith is in all things true and correct, and fully shows all the information required to be reported by me.

Employee Signature

State of Arkansas

County of _____

Subscribed and sworn to before me, a Notary Public, this the ___ day of _____

Notary Public

My Commission Expires: _____

¹ Consistent with Ark. Code. Ann §§ 21-8-201 - 21-8-204 and UA Systemwide Policies and Procedures 440.10, this form must be completed and submitted to Human Resources on or before January 31 of each year. Human Resources forwards the completed form to the President of the University of Arkansas System by February 10 of each year.