

Scholarly Capacity Annual Disclosure Form

Date of Statement:	Year: July 1, to June 30,	
First Name:	Last Name:	
Department:	Position:	
Daytime Telephone:	Fax:	
E-Mail address:		

Instructions: This form must be submitted pursuant to N.J.A.C. 19:61-6.10(a), which requires a State official serving in a scholarly capacity to annually disclose to his/her Department head any travel, subsistence or entertainment expenses, honoraria, academic prizes or other things of value related to activities performed in a scholarly capacity received in the prior year (July 1st through June 30th). Any benefit received related to your State position, and any outside activity performed, while not acting in a scholarly capacity, must still be reported pursuant to your institution's procedures, and on the forms required by the State Ethics Commission. Enter "N/A" in any category in which you did not received benefits while acting in scholarly capacity during the covered year.

List below any benefit you received, from an event sponsor or any other party connected to the event, including, but not limited to, travel, subsistence or entertainment expenses, honoraria, academic prizes, or other things of value related to activities performed in your scholarly capacity. Identify the source of each benefit received.

BENEFITS RECEIVED

A. Travel, Subsistence and Entertainment Expenses

Date Received	Type of Benefit	Amount of Benefit	Source	Interested Party *

B. Honoraria, Academic Prizes or Other Things of Value

Date Received	Type of Benefit	Amount of Benefit	Source	Interested Party *

*Indicate whether the source of the benefit is an interested party to William Paterson University.

"Interested party" means: 1) any person or entity the University regulates, licenses or supervises; 2) any grantee or grantor to the University and any employee, representative or agent thereof; 3) any supplier/vendor to the University; 4) any advocacy group that advocates or represents the positions of its members to your institution; 5) any organization a majority of whose members fall under 1-4 above.

- C. Assigned Educational Texts or Materials
- 1. Do you assign educational books or materials authored by you as a course requirement? Yes _____ No _____
- If answer to question 1 is yes, do you receive royalties from those educational materials? Yes _____ No _____
- 3. If "Yes", please indicate the actual/estimated royalties along with the name of the non-profit organization to whom these royalties will be donated.

Value of Royalties \$_____ Non-Profit recipient of donation:_____

I certify that the information on this form, to the best of my knowledge and belief, is true and accurate.

SIGNATURE OF EMPLOYEE	Date
I have reviewed the information contained on this form.	
DEPARTMENT HEAD	Date
ETHICS LIAISON OFFICER	Date

This form is an additional requirement for State employees acting in a scholarly capacity. It does not replace or supercede requirements to complete other disclosure forms mandated by the State Ethics Commission and/or University policies such as the Outside Activities Questionnaire Form, Travel Form, and Request for Approval for Attendance at Events.

Please return completed forms to:

Ethics Liaison Officer Office of Human Resources, College Hall Room 150 Fax: 973-720-2090