

**ANNUAL HEALTH SCIENCES COMPENSATION PLAN REPORTING FORM FOR  
CATEGORY I AND II COMPENSATED OUTSIDE PROFESSIONAL ACTIVITIES**

Fiscal Year Ending June 30, 2018

Faculty Member's Name:	Academic Title:	School:
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Category I or II	# of Days	Name of Outside Entity	Description of Service	Role (e.g., consultant, speaker, employee, shareholder, etc.)	Compensation Dollars in Thousands	
					Income earned below threshold	Income earned above threshold
Total # of Days:				Total Income Earned:		

I did not engage in Category I or II activities during the reporting period. Total income earned did not exceed the earnings threshold.	
I certify that I have complied with the provisions of the University of California Health Sciences Compensation Plan, the School of Dentistry Health Science Compensation Plan Implementing Procedures regarding limitations on the retention of earnings and the time spent in outside professional activities.	
Compensation Plan Member's Signature:	Date:

The Dean's signature affirms the form was received and reviewed. Corrective actions should be implemented for time reports (days) that are above the annual limit and for unapproved Category I activities.	
Dean's Signature:	Date:

N.B.: Information disclosed herein is a public record under the California Public Records Act.