



U.S. Fish and Wildlife Service

SUPERVISOR'S APPROVAL Serving in an Adjunct or Affiliate Status at a University or Research Institute in an Official Capacity

INSTRUCTIONS:

If you plan to serve in an adjunct or affiliate status at a university or research institute in your official capacity, complete this form and give it to your supervisor to document his/her approval. You should both keep copies of the form.

See [212 FW 11](#) for related requirements and prohibitions.

A. Employee Information (PLEASE PRINT)

1. Last Name, First Name, MI:

2. Telephone:

3. FAX:

4. E-mail address:

5. Position / Title:

6. Office Name and Address:

B. Information about the University/Research Institute (PLEASE PRINT)

7. Name of the university/research institute:

8. Address:

9. Telephone:

10. Start date:

11. Expected end date (if applicable):

12. Briefly describe your affiliation with the university/research institute. (Attach additional information if necessary)

Signature of Employee:

Date:

Approval/Signature of Supervisor:

Date: