**WORK DISCLOSURE**

**University of West Florida**

I. **Purpose and Format of Work Disclosure Form**

This form is used to disclose a University-supported work(s), generally, copyrightable materials, as required by University of West Florida Intellectual Property Policy (SR-02.01-07/13). (Inventions should be disclosed on the form entitled “Invention Disclosure.”) All questions are important so please respond to each of them even if the answer is “none” or “not applicable”. If more space is needed, feel free to use additional sheets. For any questions regarding this form, please contact Research Administration and Engagement.

II. **Disclosure of Work(s)**

A. Title:

(Short descriptive title)

B. Briefly describe the work(s), including the date that the project was begun, and the date of (expected) completion, and the medium (book, computer program, sound recording, sculpture, and so forth).

*{insert text here}*

III. **Support**

A. List all University facilities and materials used in the development of the work(s).

Facility/material/personnel Dates Total hours Costs

1.

2.

3.

4.

Total costs: \_\_\_\_\_\_\_\_

B. If any of the University support described above was through a grant or contract, please provide the following information for each such contract or grant:

Name

Grant/Contract#

Address

City, State, Zip

P.I. Name

Grant/Contract Title

What was the percentage of contribution to the work through this contract/grant?

%

C. Did you or any of the authors use material from others (such as software or manuscripts) to produce the work?

YES \_\_\_\_\_ NO \_\_ \_\_\_

If yes, please explain the nature of these materials.

*{insert text here}*

IV. **Statement**

Provide a brief statement describing (1) the work(s), (2) the circumstance under which the work(s) was developed, (3) what interest you believe the University has in the work(s); and the (4) proposed disposition of proceeds if the University waives its interest in the work(s). *If the University waives its interests in the work(s), the author(s) must ensure that the University is not held responsible for any opinions expressed in the work(s).*

*{insert text here}*

V. **Author(s)** (Attach additional sheets if there are more than two authors of the work(s).)

(1) Name

Title/Position

Business Address

City, State, Zip

Telephone Number

(2) Name

Title/Position

Business Address

City, State, Zip

Telephone Number

**Signature of Author submitting disclosure:**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VI. **Signature of Department Chairperson(s):**

The Department Chairperson of each author should confirm the proportion of University contribution, including percentages of contract and grant support, to the work(s).

(1) (2)

Dept. Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VII. **University Decision** (to be filled in by Research Administration and Engagement).

Does University assert or waive its interests in the work(s) as disclosed?

Asserts \_\_\_\_\_\_ Waives \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Associate Vice President for Research

Administration or designee

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date