UNIVERSITY OF WEST FLORIDA

Research Administration and Engagement
11000 University Parkway
Building 11, Office 110
Pensacola, FL 32514

WORK DISCLOSURE

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).

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: _____

office 850.474.2824
fax 850.474.2082
research@uwf.edu
uwf.edu/rae

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.

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).*

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