

**Apendix: Reporting of Secondary occupation including assessment**

**Respondent**

Name:

Personal reg number:

**Secondary occupation**Employer (including organization number):

Type of secondary occupation:

Duration of the secondary occupation:

Approximate amount in hours per calendar year:

Are there financial transactions between the repored secondary occupation and KTH?
YES NO

 I am aware that I am not allowed to use KTH resources for my secondary occupation if not an agreement of such sort is made.

Other information:

I hereby certify that the above information is complete and correct.

........................................................................................................................Date/Signature