Consulting Authorization Request
See Policy 152 for more information.

Name

Department

Name and Address of Sponsor

Is sponsor outside of U.S.?  ○ Yes  ○ No

Date(s) of Activity

Activity hours per week, including travel time:

THIS IS AN EXAMPLE FORM FOR REFERENCE ONLY. PLEASE USE THE DOCUSIGN VERSION OF THIS FORM.

Remuneration: Will you be paid a retainer fee or other form of remuneration for this activity?  ○ Yes  ○ No

Facilities: Will this activity involve use of University facilities or resources?  ○ Yes  ○ No

If using University facilities or resources, please explain your needs and provide an estimate of the fee(s) to be paid.

Conflict of Interest: Will this activity constitute a conflict of interest?  ○ Yes  ○ No

If activity constitutes a conflict of interest, explain below. If you are not sure, contact the Office of Research and Integrity Compliance.

Approval of this application covers only the external professional activity you have described in this form. If you intend to engage in external professional activities other than those described above, you should submit a subsequent Consulting Authorization Request.

By signing below, I affirm that the proposed external professional activity will not interfere with my regular University duties.

Applicant Signature and Date:

________________________

APPROVAL RECOMMENDATION:
Chair/Head:  Dean or Director  Final Approval: Provost or Designee

________________________  ________________________  ________________________

Additional Comments:

________________________

Note: This document should be retained in the employee's personnel file.