

Approval Number _____
Calendar Year 20_____

AUBURN UNIVERSITY
APPLICATION FOR PERMISSION TO ENGAGE IN PRIVATE CONSULTING
OR UNIVERSITY ACTIVITIES FOR EXTRA COMPENSATION

Name _____ Title _____ Department _____
Banner Number: _____ Type Appointment: 9 month or 12 month

Is proposed activity private consulting? Yes or University activity for extra compensation? Yes

Describe the nature of work to be performed, location, and for whom

List dates and number of days/hours of compensated proposed activity. (Indicate travel time separately if involved.) If not available, indicate “after-the-fact” reporting will be provided at appropriate intervals.

If this activity is for a University department or program, give the name of the unit, and explain why this work is not being performed as a regular part of your University responsibilities. (If using University labs or equipment, indicate how the University will be reimbursed.)

Explain arrangements you have made to ensure that the proposed activity does not interfere with classroom teaching and other University responsibilities. List all classes to be missed and what arrangements have been made for them.

Financial Data (to be completed only if salary supplement is paid by University Payroll):

Is the proposed activity related to an existing contract or grant? Yes No

If contracted, is consulting approved in agency budget? Yes No

School/Unit _____ Department _____

Department Address _____

Account Name _____ Account Number _____

Rate \$ _____ per hour _____ or per day _____ Total Job \$ _____

CERTIFICATION:

Based on the joint ACE-AAUP policy statement “On Preventing Conflicts of Interest in Government-Sponsored Research at Universities. “ I certify that the above activities will not involve conflicts of interest with either the government or other activities that I currently have underway at the University, and that in the event conflicts of interest situations should develop in the future, I will promptly advise the proper authorities so that appropriate corrective action can be taken. I certify, further, that these requested activities will not interfere with my other University duties and responsibilities in teaching, research, and extension and I will take appropriate action to eliminate such interference if it should occur in the future.

Signature of Faculty Member Date

APPROVED:

Project Director or Paying Unit Date

Department Head Date

Dean Date

Provost Date

VERIFIED:

Institutional Research & Assessment Date

(Revised 06/08)