# Auburn University at Montgomery

Calendar Year 20_____

APPLICATION FOR PERMISSION TO ENGAGE IN PRIVATE CONSULTING OR UNIVERSITY ACTIVITIES FOR EXTRA COMPENSATION (UPO-10)

Name _____ Title _____ Department _____

Type Appointment: 9 month ( ) or 12 month ( ) Employee ID number _____

Enter below the number of consulting days taken for the preceding 6 months plus this request, with separate entries for "University activities" and "private consulting".

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Activities | | | | | | | | | | | | |
| Private Consulting | | | | | | | | | | | | |

Is proposed activity private consulting? (Yes ___) or University activity for extra compensation? (Yes ___) Describe the nature of work to 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 _____
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 _____ Provost _____ Date _____

Department Head _____ Date _____ Director, Contracts & Grants (if applicable) _____ Date _____

Dean _____ Date _____ Office of Human Resources _____ Date _____