WESTERN KENTUCKY UNIVERSITY

Permission to Engage in External or Internal Consulting Services by Faculty or Staff

1. Name_____ Department_____
   (Please Print)

2. Description of activity or service_____

   _____

   _____

3. Agency, Sponsor_____

4. Location(s) where services will be performed_____

5. Estimated number of days/period of time required for services (see relevant passages in the

   Faculty Handbook)_____

6. Anticipated dates of service_____

I (we) certify that the following criteria have been met:

a. The purpose of the proposed service or activity contributes to and is consistent with the programs of the department or unit.*

b. The faculty/staff member has demonstrated the skills and abilities necessary to successfully provide the proposed services.*

c. Normal university duties and responsibilities of the faculty/staff member will be met without undue interruption or reassignment to others.

d. There is no conflict of interest involved.

*Internal consulting

Faculty/Staff Member_____ Date_____

Department Head/Director_____Date_____

Dean/Supervisor_____Date_____

Provost/Vice President_____Date_____