

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 _____