

KANSAS STATE UNIVERSITY CONSULTING REQUEST

Name

Employee ID #

College/Unit

Title

Department

Date form submitted

% Appointment (10ths)

() nine month

() twelve month

On April 20, 1995, the Board of Regents adopted a policy on "Commitment of Time, Conflict of Interest, Consulting and Other Employment." Board of Regents policy permits and encourages a reasonable amount of consulting and outside professional work by faculty members and other employees. Conflicts of interest and potential conflicts of interest are inherent in any university setting, and they are not necessarily unacceptable or wrong. Appropriate management of such conflicts ensures the appropriate use of public resources and the integrity of the university and is required by Regents and university policies. More detailed policy statements and guidelines will be published in the University Handbook and the Board of Regents Policy Manual. In order to ensure university compliance with Regents and institutional policy, and with federal and state mandates, the following information must be obtained for review and approval prior to engagement in any external personal, professional activity.

* Response lengths in this form are limited to the size of the existing text box. If you require more space for your information, please attach an additional page.

- For whom will the activity be performed?

Type of entity: () Federal agency () Kansas agency () Regents Institution
() Other (describe)

- Describe fully your relationship with the above-named entity:

- Do you, or does a member of your family (spouse and dependent children), personal household, or associate entities (e.g., corporations, partnerships or trusts), have any managerial role, or equity or other financial interest exceeding 5% or \$5,000 (aggregated for you and your spouse and dependent children), in the entity?

- Yes No

(If yes, please describe in the space provided below)

Please read and sign below:

I hereby affirm that the above information is true and complete to the best of my knowledge and that I have read and agree to comply with Regents and University policies on conflict of interest. I further agree to update this report as necessary by submitting another Consulting Request to indicate any significant changes throughout the upcoming academic year.

Signature _____

Date _____

Please submit to your Supervisor/Department Head for review and approval.

APPROVED: _____
Supervisor Date

APPROVED: _____
Department/Unit Head Date

APPROVED: _____
Dean/Appropriate Vice President Date

APPROVED: _____
Provost Date