

**COLORADO SCHOOL OF MINES**

**Request to Engage in Professional Consulting**

Pursuant to Section 6.4.3 of the Twelfth Edition of the CSM Faculty Handbook, this form is to be completed and submitted to your department head/division director or administrative supervisor to request authorization to engage in professional consulting. If the space provided below is inadequate to accommodate your responses, please attach additional sheets.

**Employee Name:** \_\_\_\_\_

**CWID:** \_\_\_\_\_ **Dept./Div.** \_\_\_\_\_

**Name of client for whom the consulting work will be performed:**  
\_\_\_\_\_

**Specifically describe the nature of the consulting work to be undertaken:**  
\_\_\_\_\_  
\_\_\_\_\_

**Please indicate whether payment for the consulting work is to be made directly by client \_\_\_\_\_ or through CSM \_\_\_\_\_. (Place an X in applicable space.)**

**During the time you plan to perform the extra CSM services, will you continue to be paid either directly by Mines or by any external funding source for your Mines employment?**

\_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**

**If yes, how does this not create a conflict of commitment?**  
\_\_\_\_\_  
\_\_\_\_\_

**Estimate of amount of time involved in performing consulting work, including specific dates:**  
\_\_\_\_\_  
\_\_\_\_\_

**Is absence from scheduled classes involved? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If so, what arrangements have been made to provide class coverage?**  
\_\_\_\_\_  
\_\_\_\_\_

**Description of CSM facilities and equipment to be used, if any:**

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**Payment to be made to CSM for use of facilities and equipment, if any:**

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**Describe how the consulting work will enhance or support your activities as a CSM employee:**

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**List the reasons, if applicable, why the consulting work is inappropriate to be conducted through CSM sponsored programs:**

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**Provide a statement addressing the topic of potential conflict of interest. In your response, please cover the following issues: (a) any actual or potential conflicts of interest between the consulting work and your CSM duties, (b) any actual or potential conflicts of interest between the consulting work and any endeavor conducted by CSM, or a department or subset thereof, and (c) the process by which you intend to ensure that no conflict of interest develops during the course of the consulting work:**

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**Provide a statement addressing the topic of potential conflict of commitment:**

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**Other professional consulting commitments in which I am currently engaging (if none, please so state):**

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Employee Signature

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Date

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Employee Name (Printed or Typed)

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Date

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Department Head/Division Director/Administrative Director Signature

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Date

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College Dean

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Date

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Provost Signature

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Date