COLORADO SCHOOL OF MINES

Request to Engage in Non-Professional, External Commitment Form

Pursuant to Section 6.4.3 of the Mines Faculty Handbook, this form is to be completed and submitted to the employee's academic department head or direct supervisor to request authorization to engage in a non-professional, external commitment. Please refer to the Handbook for more information.

The request must be submitted <u>prior</u> to engaging in non-professional, external commitments. Please refer to Section 3.2 of the Academic Affairs Procedures Manual for more information.

Attach additional sheets if the space provided below is inadequate.

Employee Name: _____

CWID: _____

Department: _____

1. **Name of entity involved in the external commitment:**

   _____

   _____

   _____

2. **Specifically describe the nature of the external commitment to be undertaken:**

   _____

   _____

   _____

   _____

3. **Projected dates of external commitment:** _____

4. **Estimated amount of time involved in performing the extra Mines services:**

   _____

   _____

December 9, 2021

5. **Is absence from scheduled classes involved?** **Yes** **No**

    If yes, what arrangements have been made to provide class coverage?

    _____

    _____

    _____

    _____

6. **Describe how the external commitment will enhance or support your activities as a Mines employee:**

    _____

    _____

    _____

    _____

7. **Describe any actual or potential conflicts of interest between the external commitment and your Mines duties:**

    _____

    _____

    _____

    _____

8. **Provide a statement addressing the issue of potential conflict of commitment:**

    _____

    _____

    _____

    _____

9. **Other non-professional, external commitments in which I am currently engaging that are similar in scope and magnitude to the commitment that is the subject of the present disclosure (if none, please state):**

    _____

    _____

    _____

    _____

December 9, 2021

10. The non-professional, external commitment I propose to undertake will be performed (check all that apply):

outside of my normal working hours

on work time that I will make up, or

on work time for which I will declare annual leave.

_____

Employee Name (Printed/Typed)   **Date**

_____

Employee Signature   **Date**

_____

Academic Department Head _or_ **Direct Supervisor Signature**   **Date**

_____

Academic Dean Signature _or_ **Next Level Supervisor Signature**   **Date**

_____

Provost Signature (needed for requests from DHs or Deans)   **Date**

December 9, 2021