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. These forms need to be completed and updated each academic year.

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 (note that forms are for an academic year {August -July}):
__________________________________________________________________________________
__________________________________________________________________________________

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:

________________________________________________________________________
________________________________________________________________________

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

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

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

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

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

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

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:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Provide a statement addressing the topic of potential conflict of commitment:
Other professional consulting commitments in which I am currently engaging (if none, please so state):

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

________________________________________________________ ___________________
Employee Signature Date

Employee Name (Printed or Typed) Employee CWID

________________________________________________________ ____________________
Department Head/Division Director/Administrative Director Signature Date

________________________________________________________ ____________________
VP/Dean Signature Date

________________________________________________________ ____________________
Provost Signature Date