The University of Alabama in Huntsville
Request for Permission to Engage in Consulting Activities

Name: _____________________________________________ Rank:______________________
Department or Unit: ________________________________________________________________
College or School: ________________________________________________________________

Proposed Employer: ________________________________________________________________

Period of Agreement: Beginning Date:___________ Ending Date:___________
(Maximum duration for approval is one year.)

Approximate Time Involved per Month: ________________________________ Normal maximum of 36 hours per month.

Nature of Work/Problem (if class, indicate class title and schedule):
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________ 

Please answer the following questions. Attach details to explain each “yes” response.

1. Will this consulting activity alter or interfere with meeting your obligations to students, faculty, colleagues or UAH?  ☐ Yes (Attach details) ☐ No.

2. Will you involve students or university facilities in any capacity in work performed under the proposed agreement?  ☐ Yes (Attach details) ☐ No.

3. Do you or any members of your immediate family participate as an officer, partner, director, trustee, employee, advisory/other board member, or agent in any capacity with the proposed employer or a subcontractor or vendor or any organization providing goods and/or services for the proposed project?  ☐ Yes (Attach details) ☐ No.

4. Do you or any member of your immediate family hold more than five percent (5%) actual or beneficial ownership of the voting stock or controlling interest of the proposed employer or a subcontractor or vendor or any organization providing goods and/or services for this proposed project?  ☐ Yes (Attach details) ☐ No.

CERTIFICATION: This request is made pursuant to the Consulting and Conflict of Interest Policies detailed in the Faculty Handbook. I certify that I have read and understand the policies and will abide by them. I understand that it is my responsibility to insure that my services avoid any conflict of interest and that the permission granted is subject to termination for reasonable cause.

Signature of Applicant _______________________________ Date ________________________________

☐ Approved  ☐ Disapproved Chair _______________________________ Date ________________________________

☐ Approved  ☐ Disapproved Dean _______________________________ Date ________________________________

Distribution: Provost and Vice President for Academic Affairs; Dean; Chair; Applicant