

**FACULTY CONSULTING AND PROFESSIONAL EMPLOYMENT
APPLICATION AND APPROVAL**

(Revision August 2005, Reviewed COB Ad. Council, November 11, 2006)
(Revision Approved by COB Faculty May 8, 2007)

FIRST NAME	MI	LAST NAME	TITLE	DEPARTMENT
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Permission is requested to accept consultation and/or outside employment. The proposed employment will not interfere with my assigned duties. It is in a field in which I have unusual or unique competence. To my knowledge, the proposed employer operates a legitimate enterprise in which my services would be appropriate. In such outside employment, I shall act as an individual and not as a representative of the Texas A&M University System.

1. Employing firm, agency, or individual _____

2. Nature of work _____

3. Justification _____

4. Period of Request _____, 19____ through _____, 19_____

Total Workdays, Including Previous Approvals: _____

5. Equity ownership involved? _____ If so, the amount and type equity interest owned _____

NOTE: Requests will not be approved for a period of longer than one year and all authorization will terminate August 31.

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It is understood that consulting/ outside employment may not be undertaken on that portion of time covered by federal grants or contracts. It is further understood that this report applies only to that portion of my time for which I am employed by the Texas A&M University system.

I agree to furnish reports and additional detail of employment as required and feel that my value as a faculty member and my own professional status will be enhanced and improved by the proposed outside professional activity. I further certify that there will be no conflict of interest between this outside employment and my responsibilities as an employee of the Texas A&M University System.

I have read the System Administrative Policy and Reporting Manual B.4.12, FACULTY CONSULTING OUTSIDE PROFESSIONAL EMPLOYMENT, AND CONFLICTS OF INTEREST, and agree to conduct my consulting/outside employment in accordance with the provisions constrained therein.

Employee Signature

Social Security Number

Date

Approval Recommended:

Head of Department

Date

Approved:

Date

Date

President/Chief/Executive of System Part

Date

NOTE: Submit four copies.