Consulting Form

July 1, 20      to June 30, 20

MEMORANDUM TO:

Dean, College of

THROUGH:

Chair, Department of

FROM:

DATE:

I have been extended an opportunity for professional consulting work by:

1. Firm/Agency:
2. Address:
3. Briefly, the nature of the work will be:
4. Number of days:
5. Dates of consulting period:
6. Collegiate duties to be missed and arrangements made:
7. \*Use of University facilities/equipment? Yes No

If “yes”, please list facilities/equipment:

This equipment should be unique and not readily available in the immediate area.

Cost reimbursement rate\*:

*\*(Must be set by the Department Chair, submitted to Dean, and approved by the Administrative Council.)*

1. Employment of any staff members or students in support of the indicated consulting activities? Yes No

If “yes”, please list names of individuals:

1. Does this consulting meet the requirements of the [1991 Ethics Act](http://www.ohr.sc.gov/OHR/regs01/701.htm#701.06)? Yes No

If “no”, please explain:

1. Does this consulting create potential conflicts of interest? Yes No

If “yes”, please describe and explain how they will be managed:

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Print or type name Signature Date

**Action Recommended:**

Approve Disapprove \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Department Chair Date

Approve Disapprove \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Dean Date

Approve Disapprove \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Vice President Date

for Research

* **This form should be submitted to the Dean’s Office at least two weeks prior to consulting work and upon the Dean’s recommendation, forwarded to the Vice President for Research.**
* **The Dean’s Office will maintain this form.**
* **This form must be completed each fiscal year.**
* **Approval of the Vice President for Research must be obtained before consulting can commence.**

