**Request for Approval of Outside Professional Work**

Montana State University’s Consulting policy (“Policy”) requires faculty members to obtain university approval before they may exceed the time limitations imposed on their outside or consulting activities in the Policy (e.g., more than 20% or the equivalent of one day per week of university time in an academic year). Note that this does not include all outside activities such as scholarly work for not-for-profit organizations and government bodies. A full description of what constitutes outside or consulting activity may be found in the Policy.

1. **Instructions for Submitting the Request**
   1. Fill in the blanks below and sign the request form.
   2. Send the request form to your department head or school director for review and recommendation.
   3. The department head or school director will evaluate the request form, make a recommendation, and submit the request form and recommendation to the appropriate dean, or director of MSU Extension, for approval or denial.
   4. A denial may be appealed to the Provost’s office pursuant to the Policy.
   5. In all cases, the dean of the applicable college, or director of MSU Extension as appropriate, shall maintain the submitted request form.
2. **Applicant Information**
   1. Name (Last, First):
   2. Employee ID:
   3. Email Address:
   4. Department/Program:
   5. Campus:
   6. Position Title:
   7. % FTE:
   8. University Faculty contract period (12 months, 9 months, etc.):
3. **Outside Organization Information**
   1. Name of organization:
   2. Contact at organization (name, title, email, phone):
4. **Outside Activity Information**
   1. Type of Activity (scientific or technical advisor, continuing education, performing arts, etc.):
   2. Describe the activities to be performed, including the nature and scope of activities and their relationship to your university employment:
   3. Period work will be performed (dates):
   4. The Policy permits faculty to devote an average of 20%, or the equivalent of one day per week, of university time to outside or consulting activities. How much in excess of these limits are you seeking approval to spend on outside or consulting activities?
   5. Why are you asking to exceed the time limits imposed in the Policy on outside or consulting activities?
   6. How do you plan to minimize any potential impact on your assigned workload?

In submitting this request, I certify that I have read the university’s Consulting and Conflict of Interest policies, as well as the Facilities Use Manual, and Rules for Research Facilities/Equipment, and that the proposed outside or consulting activities will comply with the applicable university policies and procedures. I further certify that the statements above are truthful to the best of my knowledge.

Requestor Signature Date:

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| Department Head/Director |
| Recommendation:    Department Head/Director Signature Date: |

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| Dean or Extension Director |
| Approval/Denial:    Dean or Extension Director Signature Date: |