Consulting Activities Approval Form
For Professional Employees of University of Nevada University of Nevada Cooperative Extension (UNCE) and University of Nevada School of Medicine (UNSOM)

University of Nevada Cooperative Extension

University of Nevada School of Medicine

University Employees may engage in outside professional or scholarly activities as long as the performance of such service does not interfere with the individual’s obligation to the University and complies with the Board of Regents’ policy described in the Board of Regents Handbook, Title 4, Chapter 3, Section 8 (see page 9 of the document). Other institutional policies regarding other compensated outside services and/or conflicts of interest or commitment can be found in the University Administrative Manual (UAM section 2,691).

Prior to starting any compensated outside consulting services as defined in the University’s Faculty Providing Consulting Services policy (UAM section 2,690) and Conflict of Interest Policy, this form must be completed by full time employees. Note: if you have less than a 1.0 FTE appointment, you do not need to complete this form.

Submission is a two-step process. Both steps must be completed.
1. Complete the form and submit electronically by clicking on the Submit button.
2. Print a copy of the form using the browser print functionality (File/Print), sign, and circulate to listed offices and personnel. The form requires ink signatures.

Consulting activities may not commence if the form is not approved.

FACULTY MEMBER’S INFORMATION
(All fields in this section are required)

Reporting Unit:
Consulting Activity - New Form

Select...

Enter your NetID (SharePoint login):

First Name: 
MI: 
Last Name:

Email: 
Department:

EXTERNAL ENTITY/CLIENT INFORMATION

Name of entity (company/client):

Entity Mailing Address:

Phone number (10-digit number, include country/city code if required):

Fully describe the work to be performed:

Describe the time commitment involved; include an estimate of the total hours expected to perform the consulting activity:

When would this work be performed? Please state specific day, hour(s) of the day and duration. NOTE: it is expected and required under the policy to take annual leave or furlough time to perform this external activity.

Explain the relationship of this interest to your university responsibility, including why this relationship will or will not affect your institutional responsibilities.
### ANSWER EACH OF THE FOLLOWING QUESTIONS:

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<th>YES</th>
<th>NO</th>
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- **Is this entity engaged in current or prospective sponsored research for which you are an investigator?**

- **Do you intend to perform research at the University on behalf of the above-named external entity?**

- **Will this external activity require the use of University equipment or facilities? NOTE: If yes, seek guidance of your Dean.**

- **Are you consulting for an entity owned by a University employee?**

- **Have you informed the above-named external entity, in writing, that you are acting as your own agent and not as an agent of the University and that the University is in no way involved in this activity or responsible for its conduct or product?**

- **Do you plan to use students or University employees in the conduct of these outside consulting activities?**

- **Are you required to assign any intellectual property rights to the external entity?**

- **Please explain "Yes" answer(s) to any of the above questions.**

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Signature Page
REQUEST FOR APPROVAL

I am requesting approval of the compensated consulting activity as detailed above. I affirm the activity is in compliance with the University of Nevada, Reno consulting policy and the statements made in this request are accurate. I will annually submit a request for this activity if the time period spans more than one calendar year.

<table>
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<tr>
<th>SIGNATURE OF FACULTY MEMBER</th>
<th>PRINTED NAME</th>
<th>DATE</th>
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APPROVALS

The signatures below indicate approval of this external activity. The approval expires at the end of the fiscal year (June 30) in which it was requested. A new form must be submitted if the activity continues beyond that date.

<table>
<thead>
<tr>
<th>SIGNATURE OF DEPARTMENT CHAIR OR SUPERVISOR</th>
<th>PRINTED NAME</th>
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<tr>
<th>SIGNATURE OF DEAN/DIRECTOR</th>
<th>PRINTED NAME</th>
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<tr>
<th>SIGNATURE OF VICE PRESIDENT</th>
<th>PRINTED NAME</th>
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DEPARTMENT RETAINS SIGNED ORIGINAL, DISTRIBUTE A SIGNED COPY TO EACH OF THE ENTITIES LISTED BELOW

- [ ] DEAN/DIVISION OFFICE
- [ ] RESEARCH INTEGRITY OFFICE
- [ ] APPLICANT

DESIGNATED OFFICIAL FOR CONFLICT OF INTEREST:
NANCY MOODY, NMOODY@UNR.EDU, MAILSTOP 0331

SUBMIT FORM
