University of Georgia

Public Service and Outreach
Out-of-State Consulting Request Form

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FOR FISCAL YEAR

NAME OF FACULTY MEMBER:

DEPARTMENT/PS&O UNIT:

NAME AND ADDRESS OF PROPOSED EMPLOYER OR RECIPIENT OF SERVICES:

LOCATION WHERE ACTIVITY WILL BE PERFORMED:

FUNDING SOURCE:

NATURE AND EXTENT OF PROPOSED ACTIVITY (Be specific):

DATE EMPLOYMENT BEGINS: DATE EMPLOYMENT ENDS:

DATES AND TIMES OF ABSENCE(S) FROM CAMPUS:

To your knowledge, does the contracting organization listed above provide funding which directly supports any of your University duties or activities? (please check one) YES NO

If the contracting agent is a private firm or organization:

a. Do you or any members of your family have an equity interest in the contracting organization? (please check one) YES NO

b. Do you hold an office in the contracting organization? (please check one) YES NO

I certify that the activity listed above will not interfere with my assigned duties or my professional and institutional responsibilities. Furthermore, it will not involve a conflict of interest with any government-sponsored activity with which I am associated and will not involve misuse of my official connection with the University. I further certify that if any University supplies, equipment, or facilities are used in any of the activities described herein, I will reimburse the University for their use at a rate consistent with rates charged other outside groups or persons.

_____ _____
Signature of Faculty Member Date

APPROVED BY: **REVIEWED BY:**

_____ _____ _____ _____
Director/Dean Date Vice President for Public Service & Outreach Date