



REQUEST FOR CONSULTING & OUTSIDE PROFESSIONAL EMPLOYMENT FOR FACULTY AND EXTENSION AGENTS

First Name	MI	Last Name	Title	Department, Center or Unit
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Permission is requested to accept consultation and/or outside employment. The proposed employment will not interfere with the performance of my assigned duties and responsibilities within The Texas A&M University System. It is in a field in which I have unusual or unique competence. In such outside employment, I shall act as an individual and not as a representative of The Texas A&M University System, AgriLife Research or Extension.

1. Name and address of employing firm, agency, or individual: _____

2. Nature of work: _____

3. Describe the benefits of the proposed activity to the employee: _____

4. Describe the benefits of the proposed activity to AgriLife Research or Extension: _____

5. Period of request: _____ through _____
(month, day, and year) (month, day, and year – no later than August 31)

Indicate number of days for this outside employment request:

a. Official release time requested: _____ days Vacation leave time requested: _____ days

b. TOTAL time requested this fiscal year, including previous approvals: _____ days

6. Equity ownership involved? Yes No

If yes, provide the amount and type of equity interested owned: _____

7. Do you presently have a grant or contract with the employing firm, agency or individual? Yes No

If yes, please explain the nature of the grant and its relation to this request: _____

8. Is there or will there be a written consulting agreement? Yes No

9. Is this consulting activity being conducted through a firm which is owned by you or a member of your immediate family?

Yes No If yes, indicate the owner of the firm: _____

