

The Texas A&M University System
**System Faculty Consulting and External Professional Employment
Application and Approval**

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Employee name: _____
First Middle Last

Rank or Title: _____

College: _____

Department: _____

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

2. Nature of work (Describe the scope of work and nature of relationship with external employer, such as consultant, board member, employee, expert witness, etc.):

3. Release time requested? _____ Yes _____ No. If yes, the following is my basis for requesting release time:

Note: Consulting or external professional employment requests will not be granted for a period longer than one year. All authorizations, regardless of length, terminate on August 31 of the current fiscal year. All faculty members must reapply for authorization each fiscal year, defined as September 1 – August 31.

4. Period of request: _____ through _____
Date Date (No later than August 31 of current fiscal year)

Total release time requested for period (if none requested, state N/A): _____

5. Equity ownership involved? _____ If so, the amount and type of equity interest owned:

INTELLECTUAL PROPERTY NOTICE: System Regulation 31.05.01, *Faculty Consulting and External Professional Employment*, provides that a faculty member shall not enter into any consulting and/or external professional employment agreement that grants third-party rights to intellectual property conceived, reduced to practice or developed:

- a) With system or member-administered funds and/or with significant use of system resources;
- b) After the conclusion of the agreement; or
- c) Outside the agreement's technical scope.

CERTIFICATION

I request permission to accept consulting and/or external professional employment. The proposed employment will not interfere with my assigned duties. I will ensure that my assigned duties arising during periods of approved release time will be performed by me or another individual authorized by the member. In such consulting and/or external professional employment, I will act as an individual and not as a representative of The Texas A&M University System.

I understand that this request applies only to that portion of my time for which I am employed by The Texas A&M University System. I agree to furnish reports and additional details of employment as required.

I have read System Policies 07.01, *Ethics*, and 31.05, *External Employment and Expert Witness*, and System Regulation 31.05.01, *Faculty Consulting and External Professional Employment*, and agree to conduct my consulting and/or external professional employment in accordance with these policies and this regulation. I feel that my value as a faculty member and my own professional status will be enhanced and improved by the proposed consulting and/or external professional employment.

I certify that:

- any potential or actual conflict of interest between this consulting and/or external professional employment and my responsibilities as an employee of The Texas A&M University System will be promptly disclosed and managed, reduced or eliminated in accordance with the member's rule;
- this consulting and/or external professional employment will be conducted at no expense to The Texas A&M University System except as authorized by A&M System policies and regulations;
- all activities performed in connection with the consulting and/or external professional employment will be conducted in accordance with the highest ethical standards of my profession; and
- this proposed consulting and/or external professional employment complies with the provisions of the intellectual property notice stated above.

Employee signature

Date

Universal Identification Number

Department Head

Date

Approval recommended: ____ Yes ____ No

Release time recommended? ____ Yes ____ No

College Dean

Date

Approval recommended: ____ Yes ____ No

Release time recommended? ____ Yes ____ No

Provost & Vice President for Academic Affairs

Date

Approved: ____ Yes ____ No

Release time approved? ____ Yes ____ No