FORM 3260 A University of Idaho
CONSULTING : Request to Engage in Professional Consulting
[Approval must be received ~~at least two weeks~~ prior to any consulting activity]

Name:_____
~~University of Idaho Employee~~

Department:_____ Phone:_____

Mailing and E-mail Address:_____

Dates/times of professional consulting: from _____to _____

[Attach additional pages if necessary]

- Describe the subject, scope and purpose of consulting activity including client details:

- ~~Describe how the proposed activity will contribute to your professional growth~~Provide an estimate of the amount of time that will be required to complete the consulting activity:

- ~~Describe how the proposed activity will contribute to the University, your division and department~~State whether the proposed activity will require the use of University resources, and if so, identify the resources you would use:

If ~~your outside professional~~your consulting activity will require ~~involves~~ the use of university resources (i.e., supplies, equipment, or facilities), ~~please explain~~you must enter into a contract with the University to use those resources at a reasonable rate. The contract for use of University resources must be approved and signed by the [~~Use of UI supplies, equipment or facilities requires an agreement signed by the~~ Vice President for Finance and Administration or his designee, and must be executed prior to initiation of the consulting activity.]

I affirm that I have read and understand ~~*Faculty-Staff Handbook*~~*FSH* 3260 and 6240 and that ~~. I affirm that~~ the professional consulting described above:

- ~~-~~is compatible with my professional competence,
- does not constitute unfair competition with a non-UI service already available,
- will not impair, in quality or quantity, the performance of my regular duties at UI,
- does not constitute a conflict of interest, and
- ~~-~~is not contrary to UI's best interests.

I affirm that I will inform each client that I am acting in a private capacity and the UI is not a party to my professional consulting activity and is not liable or responsible for the performance thereof. I affirm that I will submit an annual report documenting the subject of and time spent on consulting activities to my unit administrator and dean as required by ~~*Faculty-Staff Handbook*~~ *FSH* 3260 and 6240. ~~[Form Routing: department, director/college/unit, VP for Finance & Administration if applicable]~~

_____ _____
Applicant's Signature Date Approval – Department Head /Supervisor Date

_____ _____
~~Approval – Director Date~~ Approval – Dean/Director~~—~~ Date

[Form Routing: department, director/college/unit

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~~Approval – Financial Vice President Date~~
~~**(required if using UI facilities/equipment/supplies)**~~