

## **REQUEST TO ENGAGE IN OUTSIDE CONSULTING SERVICES**

The Regents' Policy on Consulting Services by faculty to individuals, firms, or agencies outside the University is interpreted as being positive and beneficial to the University when the consulting provides an expansion of knowledge and experience in ways beneficial to the University and College. The College of Public Health (CPH) requires submission of a form each time consulting leave is requested. The form should be submitted for approval as far in advance as possible but prior to the proposed consulting leave date. In all cases, approval must be obtained prior to beginning the actual consulting work. A maximum of two days per month without leave may be requested.

If the effective dates of service to be performed extend beyond June 30 of the current fiscal year, a new request must be processed for approval. The initiation of the approval procedure is the responsibility of the individual seeking permission to consult.

Obtain Form from Website: <http://www.publichealth.uga.edu/forms/consulting.pdf>

### **PROCEDURE:**

1. The faculty member (hereinafter referred to as "Requestor") requesting time for outside consulting services should complete the form "Request to Engage in Outside Consulting Services" as far in advance as possible but prior to the proposed consulting leave date. The Requestor should attach an executed "Leave Form" if vacation is being used in conjunction with the consulting leave.
2. The request must be approved by the appropriate department head and dated before being routed to the CPH Dean.
3. The form will be returned to the Requestor through his/her department head if the request is not approved. A copy of the form with attachments will be retained in the CPH Dean's office.
4. Distribution of an approved request will be handled by the CPH Dean's secretary as follows:
  - a. Copy retained in CPH Dean's office
  - b. Original document with approvals will be returned to the Office Manager in the Requestor's department. It shall be the responsibility of each department to establish appropriate procedures for retention of the approved form and for providing a copy to the Requestor.

**College of Public Health**  
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**Activity Proposed.** Include name of agency, firm, or program and where the activity will be undertaken. Also include the name of your contact for the activity and phone number where you can be reached.

**Relationship of the Activity to the University's Programs.** Explain how the activity will provide experience and knowledge useful for you in teaching and research, and how you are able to make a contribution to knowledge by engaging in this activity.

**Will the activity interfere with your University commitments?**  Yes  No  
Explain how your duties will be covered.

**Will University time other than weekends and annual leave be used?**  Yes  No  
*If yes, how much University time (hours per month)*

**Will University facilities, supplies, or equipment be used?**  Yes  No  
*If yes, describe arrangements for reimbursement to UGA when University resources are to be used.*

\_\_\_\_\_  
*Applicant* *(Date)*

\_\_\_\_\_  
*Department*

**APPROVAL:**

\_\_\_\_\_  
*Department Head* *(Date)*

\_\_\_\_\_  
*Dean* *(Date)*

**Date(s) of service to be performed:** \_\_\_\_\_

\*Consulting services are interpreted to be the provision of professional, managerial, or technical services to clients, private firms, non-profit organizations, or local, state, federal, foreign, international governmental agencies. It will not be necessary to receive prior approval for acting as a reviewer or editor of manuscripts, and/or proposals, presenting invited lectures or papers, or for serving as a committee member or officer of a professional or scholarly society.