

## Request for Approval of Consulting Activities for Faculty (including administrators with faculty titles) and Members of the AAUP Bargaining Unit

Create Date

11/4/2015

ID

42841627003

Personal Details

Entity Details

Activity Details

Role Details

Remuneration Details

Attestations

Reconciliation

### 10) Requestor Attestations

I certify that:

- \* I have read the Policy and Procedures on Consulting for Faculty and Members of the AAUP Bargaining Unit (the most current versions may be found at consulting.uconn.edu) and agree to follow these rules;
- \* I understand that non-compliance with these rules may result in sanctions, including but not limited to the losing the right to consult or any disciplinary action allowed under the Connecticut Labor Law and the requestor's union contract;
- \* For dates and times I will be consulting during normal work time that are not specifically articulated on this request form, I will provide at least one working day, (but more if possible), notification of them to my department head (or equivalent unit head) and that such head may require that I perform my University duties at that time rather than consult (i.e. until I have approval to consult on specified normal work days, my ability to consult on such days is not guaranteed); and
- \* If the terms and conditions of this consulting activity change in a significant way, I will immediately notify the appropriate Faculty Consulting Office.

When consulting, I understand that:

- \* If the compensation received for this consulting creates a "Significant Financial Interest" (SFI) as defined by the University's research policies, I am obligated to report this SFI to the appropriate financial conflict of interest in research office/committee;
- \* I will not be representing the University;
- \* I am not acting as a State employee and I will so notify the party with whom I am consulting;
- \* The University/State will not provide any liability or malpractice protection, or statutory immunity for these activities;
- \* The total amount of time I spend consulting during normal work time in any fiscal year, may not exceed the cap for my campus; and
- \* Any travel is not on time due to the University and at my personal expense and not that of the University.

To the best of my knowledge, my involvement with this consulting activity:

- \* Is based on my professional expertise and/or prominence in my professional field and not due by my State position;
- \* Will not interfere with my ability, on an annual basis, to perform fully my assigned duties.
- \* Will not compromise the University in any of its external relationships, including those with the State or Federal governments; and

To the best of my knowledge, this consulting activity:

- \* Is not in competition with the University (i.e. the University would prefer to conduct the consulting work itself rather than my performing it outside of my employment with the University);
- \* Will not compromise the University's intellectual property interests or require me to disclose confidential or proprietary information; and
- \* Will not require me to generate new data or information in my University laboratory.

#### Comments

Maximum number of characters is 500.

#### **\*\*Please Note\*\***

After checking all four attestations, click on the "submit" button. If there are any required data missing on the form, an "invalid information" popup box will appear. It will list in red font the missing data. You can then go back to the form, enter these data, and then resubmit the form (remembering that all attestation boxes must be checked).

**\*\*Remember you may not start work on this consulting effort until you have received final approval. Approval will come in the form of a returned email.\*\***

**\*\*You may also log into the faculty consulting dashboard to see the status of this and/or other requests.\*\***

Next Tab

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