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| **Office of Academic Affairs**  Dept. 3302 • 1000 E. University Avenue  Laramie, WY 82071  (307) 766-4286 • (307) 766-6476 • fax (307) 766-2606  www.uwyo.edu/acadaffairs |

# Approval Form for Outside Consulting or Other Professional Work

## Instructions:

University of Wyoming (UW) Regulation 5-2 requires fulltime academic personnel, athletic coaching and training personnel, and University officers to secure approval for outside consulting and/or professional work from their dean, director, or principal University officer prior to beginning such work. To obtain approval for outside consulting and/or professional work please complete this form and submit it to the appropriate individual listed above. You are not required to obtain approval for work (a) which does not involve the use of University facilities, (b) does not represent the University, and (c) which is performed outside an individual's overall commitment of time and effort to the University, or conducted during approved vacation or leave without pay (See 5-2, [www.uwyo.edu/regs-policies/section-5-employment-and-ethics/](http://www.uwyo.edu/regs-policies/section-5-employment-and-ethics/)).

Requests for approval for consulting and/or professional work must comply with the following requirements of UW Regulation 5-2:

1. The work must not exceed thirty-nine (39) calendar days per academic year for academic year employees and forty-eight (48) calendar days per fiscal year for fiscal year employees, unless an exception has been granted.
2. The work must not interfere with normal University duties, and must be in addition to rather than a part of normal full-time University duties.
3. The work must also be related to the employee's regular campus duties and must contribute to the effectiveness of the employee's regular work.
4. The individual shall not unreasonably compete with the private sector
5. A written statement by the individual and the client must be provided attesting to the following:
   1. The efforts are independent of the University employment and any affiliation thereto,
   2. The University will be held harmless in relation to any product thereof, and
   3. The University is not to be connected with the results and is not involved in publicity, advertising or other activities related to the work, except for publication of scholarly works.

Failure to comply with UW Regulation 5-2 shall constitute a conflict of commitment and shall be cause for disciplinary action.

**UNIVERSITY OF WYOMING**

# Approval Form for Outside Consulting or Other Professional Work

### Contact information for individual submitting the request

**1.** Name of Employee: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** Contact information for Employee:

Phone: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Description of the consulting/professional work to be performed

**1.** Describe the work to be performed:

**2.** Will you be compensated for the work? Yes  No

**3.** Describe how the work will contribute to your work for UW:

### Time committed to outside consulting/professional work

Estimate the time committed to outside consulting or other professional work this year. As stated above, UW Regulation 5-2 normally precludes consulting requests that exceed 39 days annually for AY personnel and 48 days for FY personnel. The "year" for AY personnel starts with the Fall start date and ends with Spring Commencement. For FY personnel it is July 1-June 30.

**1.** Days committed this year on other consulting projects:

**2.** Days to be committed to this project:

**3.** For this project will more than one day per week be required? Yes  No

**4.** If the answer to question 3 in this section is yes, please state how many days per week will be required:

**Use of UW facilities or equipment**

**1.** Will UW facilities or equipment be used as part of the consulting?Yes  No

**2.** If the answer to question 1 in this section is yes, please describe the University facilities or equipment to be utilized in this project, (Reimbursement arrangements recommended by the dean or director and approved by the Vice President for Administration must be attached):

### Potential for conflict of interest or commitment

**1.** Is there a potential for a conflict of interest or commitment? Yes  No

**2.** If the answer to question 1 in this section is yes, please explain the conflict and how it will be eliminated or managed in accordance with University regulations:

### Certification of individual submitting the request

I certify that this request complies with all provisions of UW Regulation 5-2 and any applicable UW policies on consulting, conflict of interest, and conflict of commitment.

Signature: \_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Signatures of approval

**Department Head or Supervisor**  Approved: Yes  No

\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

**Dean or Director** Approved: Yes  No

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

**Provost or Vice President**  Approved: Yes  No

\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

# UNIVERSITY OF WYOMING

# OUTSIDE CONSULTING WORK

# NOTICE FOR USE OF UW FACILITIES & EQUIPMENT

## Instructions:

**1.** Complete this form for notice and approval of use of University facilities. For actual usage please complete and submit the form titled, “University of Wyoming Outside Consulting Work Payment for Use of UW Facilities and Equipment.”

**2.** Record usage on an hourly basis. The amount due is derived by dividing the number of hours by 8 and rounding up to the nearest whole day. Thus, the amount due for the quarter for office space and equipment will be evenly divisible by $10.00 and the amount due for the quarter for laboratory space will be evenly divisible by $50.00.

**3.** Where record logs are kept on a daily basis with the date and number of hours of usage, those logs may be attached to this form in place of copying the data onto this form.

**4.** For laboratory equipment usage, in cases where hourly rates have been established and published in The Fee Book, the equipment will be charged out on an hourly basis (and not rounded to the nearest whole day). Note that rental of personal property is subject to Wyoming sales tax, currently 6%.

**5.** For laboratory equipment usage, in cases where the charges are not established and published in The Fee Book, equipment will be charged out based on the prior arrangement between the user and the dean/director approved by the Vice President for Administration. Note that rental of personal property is subject to Wyoming sales tax, currently 6%.

**6.** Make check payable to University of Wyoming.

**7.** For further assistance in completing this form, please call Accounting Office, ext. 3310.

**UNIVERSITY OF WYOMING**

# OUTSIDE CONSULTING WORK

# NOTICE FOR USE OF UW FACILITIES & EQUIPMENT

## Contact Information

Name of faculty member: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_

Contact phone number: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact e-mail address: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Name: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Name: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Office space and equipment ($10.00/day)

1. Room and building of office used: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Laboratories and laboratory equipment

1. Room and building of laboratory used ($50.00/day): \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Laboratory equipment used per attached schedule:

### Signatures

     

Faculty Member Date

     

Department Chair Date

     

Dean Date

     

Vice President, Administration Date

**UNIVERSITY OF WYOMING**

# OUTSIDE CONSULTING WORK

# PAYMENT FOR USE OF UW FACILTIES & EQUIPMENT

## Instructions:

**1.** Complete this form for actual usage of University facilities and equipment.

**2.** Record usage on an hourly basis. The amount due is derived by dividing the number of hours by 8 and rounding up to the nearest whole day. Thus, the amount due for the quarter for office space and equipment will be evenly divisible by $10.00 and the amount due for the quarter for laboratory space will be evenly divisible by $50.00.

**3.** Where record logs are kept on a daily basis with the date and number of hours of usage, those logs may be attached to this form in place of copying the data onto this form.

**4.** For laboratory equipment usage, in cases where hourly rates have been established and published in The Fee Book, the equipment will be charged out on an hourly basis (and not rounded to the nearest whole day). Note that rental of personal property is subject to Wyoming sales tax, currently 6%.

**5.** For laboratory equipment usage, in cases where the charges are not established and published in The Fee Book, equipment will be charged out based on the prior arrangement between the user and the dean/director approved by the Vice President for Administration. Note that rental of personal property is subject to Wyoming sales tax, currently 6%.

**6.** Make check payable to University of Wyoming.

**7.** For further assistance in completing this form, please call Accounting Office, ext. 3310.

**UNIVERSITY OF WYOMING**

# OUTSIDE CONSULTING WORK

# PAYMENT FOR USE OF UW FACILTIES & EQUIPMENT

**TO BE REMITTED QUARTERLY (BY THE 15TH OF JANUARY, APRIL, JULY AND OCTOBER FOR THE PRIOR QUARTER)**

|  |  |
| --- | --- |
| **Name of remitter:** |  |
| **Contact phone number:** |  |
| **Contact e-mail address:** |  |
| **Department Name:** |  |
| **College Name:** |  |

Quarter:       Jan-Mar       Apr-Jun       Jul-Sep       Oct-Dec

**Date of remittance:**

I. Office space and equipment - $10.00/day

a. Room and building of office used:

b. Dates of usage (MM/DD/YY) and hours per day:

c. Amount due (#hours above / 8hours X $10.00)

II. Laboratories and laboratory equipment

a. Room and building of laboratory used:

b. Dates of usage (MM/DD/YY) and hours per day:

Laboratory equipment used:

e. Amount due for above equipment:       X 1.06 (sales tax) =

**TOTAL AMOUNT DUE (add I.c., II. C, and II.e.):**

**REMIT FORM WITH CHECK TO: UNIVERSITY ACCOUNTING OFFICE**

**ATTN: MANAGER OF ACCOUNTING**

**ROOM 101, OLD MAIN**

**CAMPUS**