

IDAHO STATE UNIVERSITY CONSULTING APPROVAL FORM

Name of employee (Consultant) _____

Position held at Idaho State University (ISU) _____

Firm or individual for whom consulting service is to be provided (except when the privilege of confidentiality applies):

Name _____

Address/Phone _____

Description of the proposed consulting services to be provided:

Estimated duration of consulting contract: from _____ to _____

Estimated hourly time to be spent by Consultant: _____ hours per _____

List any ISU facilities or equipment which will be used by the Consultant other than library and assigned office equipment and space:

Describe provisions for appropriate reimbursement to ISU for use of the above facilities or equipment or provide documentation of waiver of such reimbursement by the dean of the college:

Other information

I certify that the above information is correct, that the individual or firm for which I will perform the service has been informed that I will be acting as a private individual, and that the State of Idaho, ISU, its governing board, officers, agents, and employees are in no way liable or responsible for workers' compensation coverage and the performance of the services provided by Consultant. If ISU facilities and equipment are being used, I further certify that the service does not constitute unfair competition, and that the fee is commensurate with my professional standing. I certify that the proposed consulting will be done without interfering with the performance of my assigned duties with ISU.

Consultant Signature

Date

I have reviewed the above request and if "Approved" is indicated below, it is my understanding and belief that the staff or faculty member's participation in the proposed consulting can be done without interfering with the performance of the staff or faculty member's assigned duties at ISU. If at any time the consulting service is deemed to interfere with the staff or faculty member's duties at ISU, the approval may be revoked.

Approved
or Disapproved

Supervisor Signature

Date

Approved
or Disapproved

Dean of College Signature

Date

Vice President of Health Sciences

Date