

College of Agriculture and Life Sciences

NOTICE OF INTENT TO CONSULT

1. Name of Faculty Member _____
2. Department _____
3. Rank _____
4. Proposed Client _____
5. Nature of work, including location and purpose _____

6. Number of work days proposed _____
7. Period during which work will be accomplished _____
8. Use to be made of University facilities _____

9. Appearance in legal proceedings or public hearings expected to result from this work _____

10. How will your responsibilities be covered during your absence? _____

11. Will you receive remuneration for your work? _____

I have read the consulting policy and the University Handbook for Appointed Personnel (UHAP) 2.0606 and the Updated Policies and Procedures for Appointed Personnel in the College of Agriculture and Life Sciences #21 (chap5.html#section21) and this activity conforms.

Signature of Faculty Member

Date

___ Approved ___ Not Approved

Department Head

___ Approved ___ Not Approved

Vice Dean

___ Approved ___ Not Approved

International Programs Director (if applicable)

___ Approved ___ Not Approved

Dean