University of North Dakota (UND) School of Medicine and Health Sciences (SMHS)
Consulting Request Form

Name of employee (Consultant):
Position held at SMHS:
Name of firm or individual for whom consulting service is to be provided:
Address of firm/individual:
Description of the proposed consulting services to be provided: _____
_____

Estimated duration of consulting activity: From: _____ To: _____

Estimated hourly time to be spent by employee consultant: _____ hours per _____

List any UND/SMHS facilities or equipment which will be used by the Consultant: _____
_____

If relevant, describe provisions for appropriate reimbursement to UND/SMHS for use of the above facilities or equipment or provide documentation of waiver of such reimbursement by the dean:

_____
_____

I certify that the above information is correct, that the individual or firm for which I perform the consulting service has been informed that I will be acting as a private individual, and that UND/SMHS, 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 UND/SMHS 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 at UND/SMHS.

_____
Employee signature Date

I have reviewed the above request and if "approved" is indicated below, it is my understanding and belief that the staff/faculty member's participation in the proposed consulting can be done without interfering with the performance of the staff/faculty member's assigned duties at UND/SMHS.

◯ Approved ◯ Disapproved

_____
Chair's signature Date

I have reviewed the above request and if "approved" is indicated below, it is my understanding and belief that the staff/faculty member's participation in the proposed consulting can be done without interfering with the performance of the staff/faculty member's assigned duties at UND/SMHS.

◯ Approved ◯ Disapproved

_____
Senior/Assoc Dean signature Date

I have reviewed the above request and if "approved" is indicated below, it is my understanding and belief that the staff/faculty member's participation in the proposed consulting can be done without interfering with the performance of the staff/faculty member's assigned duties at UND/SMHS.

◯ Approved ◯ Disapproved

_____
Dean's signature Date