

FACULTY PAID EXTERNAL CONSULTING APPROVAL FORM

PROFESSIONAL ACTIVITIES REQUIRING APPROVAL ON THIS FORM

- All outside compensated consulting arrangements related to a faculty member's professional expertise, including those undertaken during off duty quarters.

Approval of consulting activities to be carried out during off-duty quarters will be based solely on considerations of conflict of interest, patents and copyrights, and use of University facilities.

PROFESSIONAL ACTIVITIES NOT REQUIRING APPROVAL ON THIS FORM

- Providing health care services explicitly authorized by approved practice plans.
- Outside professional activities reflecting normal and expected public and professional service by faculty.

For further information refer to The Ohio State University Policy on Paid External Consulting:
<http://oaa.ohio-state.edu/handbook/paidexternal.html>

University Extension faculty should refer to the OSU Extension Consulting and Conflict of Interest Policy Statement:
<http://ag.ohio-state.edu/~hrteam/>

- If assistance is needed in determining whether this form should be used for a proposed activity, consult first with the department chair and dean, and, if assistance is still needed, with the Vice Provost for Academic Policy and Human Resources (Rudd.2@osu.edu).

APPROVAL SIGNATURES ON P. 2 ARE REQUIRED BEFORE YOU MAY UNDERTAKE THE ACTIVITY

Name _____ Home dept _____ College _____ Reg. Campus _____

Person, firm or agency receiving services _____

Describe services to be provided:

Date(s) on which service will be provided _____ (do not cross fiscal years)

Hours to be spent providing service: Weekly _____ Annual total _____ (per fiscal year)

During on-duty quarters, no more than one business day per week on average may be spent on the combination of paid external consulting activities and university appointments for which supplemental compensation is received. Faculty should avoid any conflict or appearance of conflict between such activities and primary university responsibilities.

I understand that while providing authorized external consulting services I remain responsible for the performance of all of my assigned duties and responsibilities within the University.

Faculty Signature _____ Date _____

Does your consulting agreement require you to assign intellectual property to the entity for which you are providing services? Yes No

If yes, please attach a copy of the intellectual property provision in the agreement.

The Ohio State University Policy on Patents and Copyrights requires faculty to report inventions or discoveries made in the course of their university employment to the Office of Technology Transfer. This policy applies to all research conducted by faculty in their area of expertise, including research performed during off-duty quarters.

Consulting agreements sometimes require faculty to assign intellectual property rights to the firm receiving consulting services. These provisions should be narrowly drawn to apply only to the specific question, issue or problem which is the subject of the consulting agreement. Intellectual property assignments which purport to convey general and unrestricted rights to inventions or discoveries made by a faculty member are inconsistent with the Policy on Patents and Copyrights. Consulting arrangements which include such provisions will not be approved.

USE OF UNIVERSITY FACILITIES

Will university facilities be used in connection with consulting services? Yes No

If yes, describe required space, services, equipment and supplies:

Fees to be paid to the University for the use of:

Space \$ _____ Equipment \$ _____ Services \$ _____ Supplies \$ _____

Use of facilities approved by department chair _____ Date _____

FINANCIAL CONFLICTS OF INTEREST

The Ohio State University Financial Conflict of Interest Policy for Faculty applies to all outside professional arrangements including those performed during off-duty quarters. A Conflict of Interest Screening Form must be attached to this form unless one has already been filed within this fiscal year that covers this proposed activity.

A Conflict of Interest Screening Form is attached: Yes No

APPROVAL OF THE PERSONS LISTED BELOW IS REQUIRED BEFORE FACULTY MAY UNDERTAKE OUTSIDE CONSULTING ACTIVITY RELATED TO THEIR AREA OF PROFESSIONAL EXPERTISE

Date

Regional campus dean (if applicable) _____

OR

Department chair _____

AND

Dean _____

It is the responsibility of the regional campus office OR college office to:

- notify the faculty member in writing of the approval or disapproval of the request;
- send a copy of the form to the tenure initiating unit chair for inclusion in the faculty member's personnel file;
- retain the signed original in the regional campus office OR college office.

