

REQUEST FOR AUTHORIZATION TO PERFORM CONSULTANT SERVICE

This authorization is requested by:

Name: _____

Rank: _____

Department: _____

This work will be done for:

_____ (name of firm, agency, etc.)

during the period:

_____ (beginning and ending dates)

Nature of firm or agency:

- _____ Municipal or county
- _____ State of Michigan
- _____ Other state
- _____ Federal
- _____ Private foundation
- _____ Private industry
- _____ Other

and will involve an estimated total of _____ hours during the period specified.

Check one Consulting Services performed for reimbursement.

Consulting Services performed on a voluntary basis.

This arrangement is in compliance with Section 6.6 of the Agreement between the Board of Control and the AAUP-NMU Chapter.

Signature: _____ Date _____

ACKNOWLEDGMENT:

Department Head: _____ Date _____

Dean or Director: _____ Date _____

Distribution of copies: faculty member, department head, dean or director, Provost