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)

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