

FORM B

FACULTY AND RESEARCH PERSONNEL CONSULTING REPORT FORM

Name: _____ Calendar Year: _____

University Title: _____ Unit: _____

Average Consulting Hours per Week: _____

Description of Consulting	Agency*	Date	Hours	Date of Approved Exception to Policy**
1.				
2.				
3.				
4.				
5.				

Signature

Date

*If the consulting activity is of a professional character and is covered by a body of professional regulations that makes the consulting relationship confidential, cite the nature of the work and the applicable professional regulations.

**Requests for prior approval of exceptions to consulting policy should be submitted and approved on Form A.

Dept. Review _____

Date _____

CFPCA Review _____

Date _____