

**AUBURN UNIVERSITY**  
**FACULTY APPLICATION FOR PERMISSION\* TO ENGAGE IN UNIVERSITY ACTIVITIES FOR EXTRA COMPENSATION**

Name \_\_\_\_\_ Title \_\_\_\_\_ Department \_\_\_\_\_  
Banner Number \_\_\_\_\_ Type Appointment: 9 month or 12 month

*Please note: If you are an international employee, check with the Office of International Programs prior to completing this form.*

University activity for extra compensation? Yes  
Describe the nature of the work to be performed, location, and for whom.

List dates and number of days/hours of compensated proposed activity. (Indicate travel time separately if involved) If not available, indicate "after-the-fact" reporting will be provided at appropriate intervals. If you are reporting dates/times "after-the-fact", at least a range of dates should be provided on this form (e.g., May – August 20\_\_).

Because this activity is for a University department or program, give the name of the unit, and explain why this work is not being performed as a regular part of your University responsibilities. (If using University labs or equipment, indicate how the University will be reimbursed)

Explain arrangements you have made to ensure that the proposed activity does not interfere with classroom teaching and other University Responsibilities. List all classes to be missed and what arrangements have been made for them.

Financial Data (to be completed only if salary supplement is paid by University Payroll):

Is the proposed activity related to an existing contract or grant? Yes No

If contracted, is consulting approved in agency budget? Yes No

School/Unit \_\_\_\_\_ Department \_\_\_\_\_

Department Address \_\_\_\_\_

Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

Rate \$ \_\_\_\_\_ per hour or per day Total Job \$ \_\_\_\_\_

**CERTIFICATION:**

Based on the joint ACE-AAUP policy statement "On Preventing Conflicts of Interest in Government-Sponsored Research at Universities, "I certify that the above activities will not involve conflicts of interest with either the government or other activities that I currently have underway at the University, and that in the event conflicts of interest situations should develop in the future, I will promptly advise the proper authorities so that appropriate corrective action can be taken. I certify, further, that these requested activities will not interfere with my other University duties and responsibilities in teaching, research, outreach, service, and extension and I will take appropriate action to eliminate such interference if it should occur in the future.

\_\_\_\_\_  
Signature of Faculty Member Date

**APPROVED:**

\_\_\_\_\_  
Project Director or Paying Unit Date

\_\_\_\_\_  
Provost Date

\_\_\_\_\_  
Department Head Date

**RECEIVED:**

\_\_\_\_\_  
Dean Date

\_\_\_\_\_  
Institutional Research & Assessment Date