

# CONSULTING AND PAID PROFESSIONAL SERVICE APPLICATION FORM

## A. Current Employment Information

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Department Job Title

Employee ID: \_\_\_\_\_ Location (Check one):  UH  UHCL  UHD  UHV

## B. Proposed Outside Employment

**Approval is requested to engage in the following outside employment activity:** (Check one of the following. If requesting approval for more than one activity, please use a second form.)

- Multiple Employment** - Work performed for a separate state agency or another component university of the University of Houston System ("System"). If checked, indicate which applies:
- Work performed for another component of the UH System. (Example: UH faculty teaching as adjunct at UHD.)
  - Work performed for a state agency that is not a component university of the System. (Example: UHD faculty working part-time for the Texas Higher Education Coordinating Board.)

**Consulting and other outside employment** - Activities undertaken for remuneration from a third party where the activity is within the scope of activities, functions or expertise for which the individual is compensated by the System. (Example: UHV Accounts Payable Coordinator working for H&R Block during the spring months or UHCL faculty teaching as adjunct at Texas State University.)

**Athletically Related Employment** - Intercollegiate athletics departments must provide athletically related income and benefits from sources outside the component university. (Example: UH Assistant Basketball Coach working at a summer basketball clinic for inner city youth.)

## C. Information Regarding Employing Firm or Individual

\_\_\_\_\_  
Firm/Individual

\_\_\_\_\_  
Street Address City State Zip Code Phone

Nature of proposed work.

Justification. How does this activity benefit the University of Houston System?

Proposed time period \_\_\_\_\_  
Start Date End Date

Hours when activity is held: From \_\_\_\_\_  AM  PM To \_\_\_\_\_  AM  PM

Estimated hours for the proposed activity (per day \_\_, per week \_\_ and total \_\_).

Will any hours coincide with normal working hours?  Yes  No If so, how many? \_\_

Is an equity ownership involved?  Yes  No

If so, describe the amount and type interest owned or to be owned and any conditions to that ownership interest.

Describe the extent to which University facilities, space, equipment or support staff are to be used. What compensation is proposed to the University for such use?

#### D. Agreement

*I certify that the above information submitted by me is true and complete to the best of my knowledge. I hereby grant permission to the University of Houston System to verify information provided by me regarding my outside or consulting employment. I acknowledge that I have read and agree to abide by the policies referenced below. Furthermore, I acknowledge that these activities do not create a conflict of interest or commitment with my University responsibilities, nor will they adversely affect or impair my independence or judgment in the performance of my University duties. I understand that if this activity extends past August 31st, annual re-approval is required.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

[University of Houston System Administrative Memorandum 02.A.08, Consulting and Paid Professional Service](#)  
[University of Houston System Administrative Memorandum 02.A.09, Conflict of Interest](#)

#### E. Approvals

\_\_\_\_\_  
Signature (Employee's Supervisor or Chair)

Approved  
 Disapproved \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Department Head or Dean)

Approved  
 Disapproved \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Division Head)

Approved  
 Disapproved \_\_\_\_\_  
Date

**Please submit the fully executed form to your Human Resources department.**