



**CERTIFICATION**

I request permission to accept consulting and/or external professional employment. The proposed employment will not interfere with my assigned duties. I will ensure that my assigned duties arising during periods of approved release time will be performed by me or another individual authorized by the member. In such consulting and/or external professional employment, I will act as an individual and not as a representative of The Texas A&M University System.

I understand that this request applies only to that portion of my time for which I am employed by The Texas A&M University System. I agree to furnish reports and additional details of employment as required.

I have read System Policies 07.01, Ethics, and 31.05, External Employment and Expert Witness, and System Regulation 31.05.01, Faculty Consulting and External Professional Employment, and agree to conduct my consulting and/or external professional employment in accordance with these policies and this regulation. I feel that my value as a faculty member and my own professional status will be enhanced and improved by the proposed consulting and/or external professional employment.

**I certify that:**

- any potential or actual conflict of interest between this consulting and/or external professional employment and my responsibilities as an employee of The Texas A&M University System will be promptly disclosed and managed, reduced or eliminated in accordance with the member's rule;
- this consulting and/or external professional employment will be conducted at no expense to The Texas A&M University System except as authorized by A&M System policies and regulations;
- all activities performed in connection with the consulting and/or external professional employment will be conducted in accordance with the highest ethical standards of my profession; and
- this proposed consulting and/or external professional employment complies with the provisions of the intellectual property notice stated above.

\_\_\_\_\_  
*Employee signature*

\_\_\_\_\_  
*Universal Identification Number*

\_\_\_\_\_  
*Date*

**Approval recommended:**

**Release time recommended?**     **Yes**     **No**

\_\_\_\_\_  
*Department Head*

\_\_\_\_\_  
*Date*

**Approved:**

**Release time approved?**     **Yes**     **No**

\_\_\_\_\_

\_\_\_\_\_  
*Date*

\_\_\_\_\_

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*President/Chief Executive Officer of System Member or Designee*

\_\_\_\_\_  
*Date*