K-State Research and Extension
Consulting Request
For Use by Extension Agents

Name _____

County/District _____

Title _____

Date form submitted _____

On April 20, 1995, the Board of Regents adopted a policy on "Commitment of Time, Conflict of Interest, Consulting and Other Employment." Board of Regents policy permits and encourages a reasonable amount of consulting and outside professional work by faculty members and other employees. Conflict of interest and potential conflicts of interest are inherent in any university setting, and they are not necessarily unacceptable or wrong. Appropriate management of such conflicts ensures the appropriate use of public resources and the integrity of the university and is required by Regents and university policies. More detailed policy statements and guidelines will be published in the University Handbook and the Board of Regents Policy Manual. In order to ensure university compliance with Regents and institutional policy, and with federal and state mandates, the following information must be obtained for review and approval prior to engagement in any external personal, professional activity, except those that occur within single 24-hour period. Those activities must be reported on the faculty or unclassified staff members next Annual Declaration and Disclosure.

1. Describe the nature and extent of the proposed activity:

2. How many days per month, on average, will you spend on the activity, and over what period of time will you engage in this activity?

3. Will any institutional materials, facilities, or services be used?
   yes _____ no _____
   (If yes, please list the reimbursement arrangements that have been made.)

4. For whom will the activity be performed? _____
   Type of entity: ( ) Federal agency ( ) Kansas agency ( ) Regents institution
   ( ) Other (describe)

5. Describe fully your relationship with the above-named entity:

6. Do you, or does a member of your family (spouse and dependent children), personal household, or associate entities (e.g., corporations, partnerships or trusts), have any managerial role, or equity or other financial interest exceeding 5% or $10,000 (aggregated for you and your spouse and dependent children), in the entity?
   yes _____ no _____
   (If yes, please describe in the space provided below)

Please read and sign below:
I hereby affirm that the above information is true and complete to the best of my knowledge, and that I have read and agree to comply with Regents and University policies on conflict of interest. I further agree to update this report as necessary by submitting another Consulting Request to indicate any significant changes throughout the upcoming year.

_____ _____
Signature Date

Please submit to your Extension Board and Area Director

APPROVED: _____ _____
Chair, Extension Council/Governing Body Date

APPROVED: _____ _____
Area Extension Director Date

Distribution:
Original: Agent
Copy: County/District office files
Copy: Area Extension Director
Copy: Associate Director of Extension