**CSCU Board of Regents for Higher Education**

**Central Connecticut State University**

**Compliance Form for Full Time Faculty
for Reporting of Research or Consulting**

**with Outside Public or Private Entity**

**Procedure**:

1. This form must be submitted by full-time AAUP members for review by the Member’s Academic Dean and Provost prior to engaging in any outside consulting or research that involves compensation, in accordance with BOR policy issued October 20, 2016. Please refer to the “CSCU Board of Regents For Higher Education Central Connecticut State University Procedure for Reporting of Research or Consulting with Outside Public or Private Entity” for instructions on completing and submitting this compliance form.

2. A copy of the form indicating whether the outside activity is "in compliance" or "not in compliance" shall be returned to the faculty member and their Dean.

3. A copy of this form shall be placed in the faculty member's personnel file.

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic Rank**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of Consulting Service or Research Project (attach additional pages if needed)**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Pursuant to the 2016 Guide to the Code of Ethics for Public Officials and State Employees, state employees "may not utilize state time, materials or personnel in completing tasks for outside employment."

**Name of Public/Private Entity:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dates of Engagement:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **to** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Faculty member's Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Academic Dean: I recommend / do not recommend this activity for approval (circle one)**

**Academic Dean’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provost/VP for Academic Affairs Approval**: **In Compliance/Not in Compliance**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provost/VP for Academic Affairs signature Date**

**Revised 01/24/2017**