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):
________________________________________________________________________________
________________________________________________________________________________

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: ______________