

**FY09/10 COLLEGE OF ENGINEERING
FACULTY REQUEST FOR CONSULTING AND/OR EXTERNAL PROFESSIONAL EMPLOYMENT**

Permission is requested to accept consulting and/or external employment. The proposed employment will not interfere with my assigned duties. It is in a field in which I have unusual or unique competence. To my knowledge, the proposed employer operates a legitimate enterprise in which my services would be appropriate. In such external employment, I shall act as an individual and not as a representative of The Texas A&M University System.

NAME (Last, First, MI)	Title	Department
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It is the responsibility of the faculty member to determine whether this engagement requires licensure as a Registered Professional Engineer.

1. Employing firm, agency, or individual:

Address:

2. Do you have equity ownership in the above firm or agency?	Yes	No
Is this firm/agency owned by you or your immediate family?	Yes	No

If Yes to either/both questions, please describe your involvement, specify amount of ownership, and list partners/co-owners.

3. Nature of Work (please be specific; if expert witness testimony/deposition, also complete 3a.):

3a. Expert Witness Testimony/Deposition	*	Type of Leave Requested (5b, 5c, 5d)
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4. Justification & Benefit

5. Period of Request: _____, 2009 through _____, 2010

Indicate below the number of days for THIS consulting/external employment request:

(a) Official Release Time Requested ***:	(c) Annual Leave**:
(b) Weekends/Holidays:	(d) Other (specify):

TOTAL Official Release Time (5a) requested/approved this FY (INCLUDING THIS REQUEST):

*** OFFICIAL RELEASE TIME (5a) IS NOT AVAILABLE FOR EXPERT WITNESS TESTIMONY/DEPOSITIONS. IF APPROVED FOR EXTERNAL EMPLOYMENT, FACULTY MAY CONDUCT THESE ACTIVITIES IF: (1) ANNUAL LEAVE OR LEAVE WITHOUT PAY STATUS IS REQUESTED AND APPROVED, OR (2) THE EMPLOYMENT IS CONDUCTED DURING NON-WORKING HOURS (INDICATE 5b, 5c, or 5d). INVESTIGATIVE WORK OTHER THAN TESTIMONY MAY BE CONSIDERED CONSULTING. REQUESTS MUST BE APPROVED PRIOR TO TRAVEL DATES.**

**** FORMS FOR ANNUAL LEAVE AND/OR LEAVE WITHOUT PAY, FOR EXPERT WITNESS TESTIMONY/DEPOSITIONS, INDICATING THE COMPANY FOR WHICH THE LEAVE IS REQUESTED, MUST BE FORWARDED TO THE DEAN'S OFFICE.**

***** OFFICIAL RELEASE TIME REPRESENTS TIME AWAY FROM THE WORKPLACE DURING NORMAL WORKING HOURS.**

(CONTINUED)

