

Faculty Research and Consulting Act Form Chicago State University

In accordance with Illinois law [University Faculty Research and Consulting Act (110 ILCS 100/et seq.)] and Board of Trustee Regulations [Section II.A.11, Outside Employment], full-time faculty of state institutions of higher education are required to obtain the prior written approval of the President, or designee, before undertaking, contracting for, or accepting anything of value in return for research or consulting service for any person or organization other than the University. Services for federal, state or local governments are exempted. An estimate of the amount of time that will be involved, and an annual statement of the time actually spent on such outside employment, shall be submitted to the President, or designee. A separate form is required for each project, each academic year.

Name _____ Department _____ Academic Year _____ - _____
Last First

PART I REQUEST FOR APPROVAL TO ENGAGE IN OUTSIDE RESEARCH OR CONSULTING FOR NON-GOVERNMENTAL ENTITIES To Be Completed Before Beginning Outside Project			
Name and Address of External Organization	Nature of Work Performed	ESTIMATED Time Expended	
Name:	<input type="checkbox"/> Research <input type="checkbox"/> Consulting Briefly Describe:	Estimated Project Duration:	
Street Address:		____/____/____ mm dd yy to	
City:		____/____/____ mm dd yy	
State and Zip Code:		Number of hours: ____ Per (check one): <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
_____	_____		
Faculty Signature	Date		
_____	_____	Approved	Not Approved
Department Chairperson	Date		
_____	_____	Approved	Not Approved
College Dean	Date		
_____	_____	Approved	Not Approved
Provost	Date	Approved	Not Approved
Distribution: Original retained by the Provost; copies sent by the Provost to the faculty member, Department Chairperson and Dean.			
PART II: ANNUAL REPORT - Actual Time Expended To Be Completed at End of Academic Year			
Project Duration:		Number of hours: _____	
____/____/____ to ____/____/____ mm dd yy mm dd yy		Per (check one): <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
Faculty Signature: _____		Date: _____	
Forward original to the Office of the Provost and VP for Academic and Student Affairs			