

West Virginia University Research Corporation Outside Consulting Arrangement Approval Form

Pursuant to the West Virginia University Research Corporation's ("WVURC") policies and Employee Handbook, all full-time WVURC employees must disclose and seek advance approval for outside Consulting Arrangements. Part-time employees are not required to seek approval for Consulting Arrangements or other employment that they conduct outside of their part-time employment with WVURC.

"Consulting Arrangement" means any outside employment, arrangement, or contract where a full-time WVURC employee provides their expertise to a non-University or non-WVURC third party as an independent contractor and in which the expertise is, directly or indirectly, related to the Employee's employment or job duties with WVURC.

For full-time employees during their yearly appointment term, such outside Consulting Arrangements must, at minimum, meet the following requirements:

- it must further develop the individual professionally or serve the community, state, or nation in an area related to the individual's assignment or professional expertise;
- it must not constitute a Conflict of Commitment with the individual's WVURC responsibilities, nor interfere with the individual's teaching, research and service to WVURC; and
- it must not be in conflict with the mission and objectives of WVURC.

Professional services provided by the full-time WVURC employees that are appropriately considered as part of the individual's institutional duties do not constitute outside Consulting Arrangements. Examples may include participation in a grant review panel or committee, delivering a speech, performing a work of art, or other similar pursuits that are considered as part of the employee's institutional duties.

Prior to engaging in any outside Consulting Arrangements, please complete this form and submit it to your department for approval by your Director, Dean, Vice President, department leader, college leader, or their designee as appropriate (hereinafter referred to collectively as "Department Leader").

In addition, please make sure that you complete the Consulting Arrangement Annual Disclosure Form by August 31 each year.

Name: _____

Title: _____

Department: _____

Name of Entity: _____

Entity Address and Contact Information: _____

Description of Activity Undertaking:

Estimate Time Commitment for Arrangement per week or month: _____

I certify the information contained within this form is correct and accurate, and I shall comply with the following requirements in undertaking this outside Consulting Arrangement:

My outside Consulting Arrangement does not appear to create a Conflict of Interest or Conflict of Commitment and will not interfere with performance of my WVURC obligations, which I understand are my primary employment obligations.

I shall comply fully with WVURC policies and the Employee Handbook. Moreover, I understand that any approval to participate in the described activity does not supersede the requirements of WVURC's policies or the Employee Handbook.

No WVURC or West Virginia University facilities, equipment, personnel, or supplies, not freely available to the general public, will be used in this Consulting Arrangement unless arrangements to reimburse the University or WVURC have been made in advance.

I understand that I am engaging in this activity outside of my duties at West Virginia University Research Corporation. As such, West Virginia University Research Corporation is not a party to any of the agreements related to my consulting and has no obligations or potential liability under these agreements. I understand and acknowledge that WVURC's rights may not be impaired in any way by the agreement and WVURC does not provide indemnity or insurance for these

activities.

If I am not leave eligible, my outside Consulting Arrangement will not occupy more than, on average, one working day per week of work time during the term of my appointment. If I am a leave eligible, I must take annual leave when completing any outside Consulting Arrangement during my normal working hours.

Signature of Employee: _____ Date: _____

ACKNOWLEDGEMENT AND APPROVAL:

Department Leader: _____ Date: _____