

REQUEST FOR AUTHORIZATION TO PERFORM CONSULTANT SERVICE

This authorization is requested by:

Name: _____

Rank: _____

Department: _____

This work will be done for:

Nature of firm or agency:

(name of firm, agency, etc.)

- ____ Municipal or county
- ____ State of Michigan
- ____ Other state
- ____ Federal
- ____ Private foundation
- ____ Private industry
- ____ Other

during the period:

(beginning and ending dates)

and will involve an estimated total of ____ hours during the period specified.

Check one: /___/ Consulting Services performed for reimbursement.

/___/ Consulting Services performed on a voluntary basis.

This arrangement is in compliance with Section 6.6 of the Agreement between the Board of Trustees and the AAUP-NMU Chapter.

Signature: _____ Date _____

ACKNOWLEDGEMENT:

Department Head: _____ Date _____

Dean or Director: _____ Date _____

Distribution of copies: faculty member, department head, dean or director, Provost