

# **SOUTH DAKOTA SCHOOL OF MINES AND TECHNOLOGY**

## **REQUEST FOR PERMISSION TO ENGAGE IN PRIVATE PRACTICE, CONSULTATION, OR OUTSIDE EMPLOYMENT Section I and Section II**

### **Instructions for Completion**

Faculty, exempt (non-faculty) and civil service employees who propose to enter into private practice, private consulting, private teaching or research, or other activity for which compensation is received from external sources during the period when the employee is under contract to SDSM&T will submit this request/report. A request and report is needed for each such activity that will involve release time or the use of institutional facilities, materials, or personnel. This form should be completed on a fiscal year basis for each client/activity. For additional information, refer to:

- A. South Dakota Board of Regents Policy 4:19, "Private Practice, Consultation, or Outside Employment," and 4:35, "Conflict of Interest."
- B. Council of Higher Education (COHE) Agreement 9.5, "Private Practice and Consultation."

### **Section I:**

#### **Request for Permission to Engage in Private Practice, Consultation or Outside Employment**

This section is to be completed and submitted to the employee's department chair/supervisor for approval prior to engaging in such activity or contracting to do so. Once the department chair/supervisor has approved the request, then the form will be forwarded to the Provost for final approval.

The employee is notified of the institution's decision to approve or disapprove the employee's request. The original form is filed in the personnel file.

### **Section II:**

#### **Final Activity Report for Private Practice, Consultation or Outside Employment**

This form will be completed by faculty, exempt (non-faculty) or civil service employees granted permission to engage in private practice, consultation or outside employment who utilized any institutional facilities, equipment, materials or personnel. The employee needs to attach copies of the actual receipts for the reimbursements to SDSM&T. This form is then forwarded to the department chair/supervisor for final approval signature. The original is retained in the employee's personnel file and a copy is forwarded to the Provost.

**REQUEST FOR PERMISSION  
TO ENGAGE IN PRIVATE PRACTICE, CONSULTATION OR OUTSIDE EMPLOYMENT**

**SOUTH DAKOTA SCHOOL OF MINES & TECHNOLOGY**

Name \_\_\_\_\_ Rank or Title \_\_\_\_\_

**Section I: Request for Permission to Engage in Private Practice, Consultation or Outside Employment**

1. Description of activity and/or identification of client(s):
  
2. Estimated period of activity and number of institutional hours involved:  
From: \_\_\_\_\_ To: \_\_\_\_\_ Number of hours: \_\_\_\_\_
  
3. Institutional facilities, equipment, materials or personnel to be used for which the institution is to be reimbursed.  
(Specify rates or total amounts.)
  
4. Specific arrangement/agreement for reimbursement process:
  
5. Relationship of this activity to institutionally assigned duties:
  
6. Relationship of this activity to: a) state and local economic development, or b) your professional discipline and professional development:

**Certification:**

I certify that the proposed activity conforms in all aspects to institutional, regental, and/or collectively-bargained (COHE) policy as applicable. I agree to hold SDSM&T harmless from any claim made against the University as a result of the activity described above.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Recommendation:**

The proposed activity does not interfere with the assigned duties of the individual, conforms to institutional. Regental, and/or collectively-bargained (COHE) policy as applicable, and is hereby recommended.

\_\_\_\_\_  
Signature of Department Chair/Supervisor

\_\_\_\_\_  
Date

**Approval:**

\_\_\_\_\_  
Signature of Provost

\_\_\_\_\_  
Date

**SOUTH DAKOTA SCHOOL OF MINES & TECHNOLOGY**  
**(To Be Submitted When Consultation Contract Complete)**

Name \_\_\_\_\_ Rank or Title \_\_\_\_\_

**Section II: Final Activity Report**

*To be used in conjunction with Section I: Request for Permission to Engage in Private Practice, Consultation or Outside Employment*

1. List activity and/or client(s), actual dates, and institutional hours involved:
  
  
  
  
  
  
  
  
  
  
2. List actual reimbursement to institution for facilities, equipment, materials, and personnel. Attach receipt(s):

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair/Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_ Original to Personnel File

\_\_\_\_\_ Copy to Provost

consult.doc