

**UTAH STATE UNIVERSITY
REQUEST FOR CONSULTING LEAVE
TIME
(Requires PRIOR APPROVAL – see University Policy #377)**

Name _____ Date _____

Title _____

Department _____ College/Division _____

Consulting Leave

Date Requested _____ **TO** _____

Previous consulting days taken YTD prior to this request _____

NO payment will be processed through USU

Consulting leave days requested on this form _____

(Make corrections with the department and dean's office if the amount of leave taken is different than requested.)

Service Performed For

Company/Organization/Department _____ Location _____

Please describe the nature of the service. How will the service benefit the university (e.g., contributes to the needs and understanding of others; brings recognition to the university; professional development of employee)?

Is there a conflict of interest between this service and your university role?

Yes No

If yes please explain.

Signatures

Employee _____ Date _____

Department Head/Director _____ Date _____

Dean/Vice President _____ Date _____

After signatures are complete, please CC to HR