

**Annual Report of Non-University Consulting  
January 1 - December 31, 2007**

**Name** \_\_\_\_\_ **Title/Rank** \_\_\_\_\_

**College** \_\_\_\_\_ **Department/Unit** \_\_\_\_\_

**Part I. Declaration of Consulting Activities**

In accordance with University policy, all full time faculty and P&S staff are required to report annually consulting or other professional work for which compensation has been received from other than university sources while on the ISU payroll. Disclosure is intended to satisfy the provisions of institutional policy and the responsibility of the University to the public. For further information, refer to the policies on "Consulting" and "Conflicts of Interest" found on the Policy Library. Please check the appropriate box below.

- I have done no consulting while on the payroll for this reporting period and, to the best of my knowledge, have no activities that should be reported to the University. (Skip sections II and III and sign below.)
- I have been involved in consulting activities while on the payroll for this reporting period, which to the best of my knowledge, do not involve a conflict of interest. (Report these consulting activities in Part II below, and sign.)
- I have had potentially conflicting activities that have not yet been reported to the University. (Report these activities in Part III below, and sign.)

**Part II. Report of Consulting Activities**

For all activities performed during this reporting period, describe the nature of the consulting, number of days involved and with whom (i.e., private agency, public agency, State of Iowa agency). Attach extra pages if needed.

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**Part III. Report of Activities Potentially Conflicting**

Briefly describe the nature of the activities during this reporting period (which may include consulting), the dates involved, with whom, and the reason they are potentially conflicting. Attach extra pages if needed. If the potential for conflict of interest is related to your ISU research program, your department chair or supervisor should contact the Office of the Vice President for Research and Economic Development for the next steps. If the potential for conflict of interest is related to purchasing transactions (procurement), your department chair or supervisor should contact the Purchasing Department for further instruction.

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**Faculty or Staff Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Submit this form to your Department Chair/Supervisor by February 22, 2008.*

#### **Part IV. Administrative Review**

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Each completed faculty or staff report form requires review and signature of the respective supervisor. The supervisor should then retain the form.

Refer to the "Policy on Conflicts of Interest" on the Policy Library for further information.

- I acknowledge and endorse the consulting activities described herein. Based on the information provided, I believe that the employee did not engage in activities with a potential conflict of interest.
  
- The activities described herein warrant additional action in order to satisfy the intent to disclose.

\_\_\_\_\_  
Department Chair, Supervisor, Director, Dean, Vice President,  
Executive Vice President & Provost, or President

**Date** \_\_\_\_\_