Pursuant to Section 6.4.2 of the Twelfth Edition of the CSM Faculty Handbook, this form is to be completed and submitted to the employee’s department head/division director or administrative supervisor to request authorization to perform extra CSM services for additional remuneration. If the space provided below is inadequate to accommodate your responses, please attach additional sheets.

Specifically describe the nature of the extra CSM services to be undertaken:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Estimate of amount of time involved in performing the extra CSM services, including specific dates:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

During the time you plan to perform the extra CSM services, will you continue being paid either directly by Mines or by any external funding source for your Mines employment?

______ Yes    ______ No    Amount of pay $ __________________________ (Attach HR Form)

If yes, how does this not create a conflict of commitment?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Describe how the extra CSM services will enhance or support your activities as a CSM employee:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Describe any actual or potential conflicts of interest between the extra CSM services and your primary CSM assignment:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Provide a statement addressing the issue of potential conflict of commitment with your primary CSM assignment:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Other extra CSM services that I am currently performing for additional remuneration include (if none, please so state):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Employee Signature

Employee Name (Printed or Typed)

Employee CWID

Department Head/Division Director/Administrative Director Signature

College Dean

Vice President Signature (Signature needed for DH and Dean’s requests)