COLORADO SCHOOL OF MINES
Request to Perform Extra CSM Services for Additional Remuneration Form

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


Date


Employee Name (Printed or Typed)


Date


Department Head/Division Director/Administrative Director Signature


Date


College Dean


Date


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


Date