

University of Alabama at Birmingham
School of Arts and Humanities

Consulting Approval Form

APPLICATION REQUEST

Name: _____ Date: _____

Entity Providing Remuneration for Services: _____

Brief Descriptions of Consulting Activity:

Starting Date: _____ Ending Date: _____

Estimated Number of Work Days (or Percent Time per Week) Required for Consulting: _____

Signature: _____

DEPARTMENTAL ADMINISTRATIVE ACTION

_____ Approved _____ Not Approved

Reason for NOT approving request:

Signature: _____ Date: _____

SCHOOL ADMINISTRATIVE ACTION

_____ Approved _____ Not Approved

Reason for NOT Approving Request:

Signature: _____ Date: _____

Copies to: Applicant

Applicant's Departmental Personnel File

Applicant's Department Chair

Dean's Office