

CONSULTING REQUEST FORM

Name _____ Date _____

I hereby request the following day(s) as consulting days
for the school year _____

<u>Dates</u>	<u># of Days</u>
_____ through _____	_____
_____ through _____	_____
_____ through _____	_____

Please describe the consulting arrangement including the benefit to the college:

Location of Consulting _____

Emergency Contact Phone Number _____

Employee Signature _____

- Approved with Compensation
- Approved without Compensation
- Not Approved

Vice President Signature _____ Date _____