



SUNY ONEONTA  
SPONSORED PROGRAMS OFFICE

SUNY ADDENDUM SHEET – CONSULTANT SERVICES

Required only when the consultant is a SUNY Oneonta employee

DATE \_\_\_\_\_

AWARD # \_\_\_\_\_ PROJECT # \_\_\_\_\_ TASK # \_\_\_\_\_

CONSULTANT’S NAME \_\_\_\_\_

1. Individual’s payroll title \_\_\_\_\_

Academic year employee \_\_\_\_\_ or 12 month employee \_\_\_\_\_

2. Project Director’s Statement - - - I certify that:

- a. The consultant’s duties outlined on the Request for Advance Approval for Consultant Services form will be in addition to his/her regular SUNY Oneonta obligations and will not in any way interfere with those duties.
- b. Engagement of this consultant is allowable under and conforms to any limitations that may be imposed by sponsor policy.
- c. The processes for selection of external consultants have been followed. The rate of reimbursement does not exceed those charged by recognized independent consultants in the field.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

APPROVALS

\_\_\_\_\_  
Signature of appropriate Dean or Vice President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Fiscal Designee

\_\_\_\_\_  
Date