**Request for Outside of the Technion Employment**

**(In accordance with the academic regulations, chapter 4, paragraphs 43.1 – 43.8)**

To: The Executive Vice President for Academic Affairs

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

In accordance with paragraph 43.4 of the academic regulations and with the [**Procedures of Outside Employment**](https://segelweb.technion.ac.il/wp-content/uploads/2021/01/%D7%A0%D7%95%D7%94%D7%9C-%D7%AA%D7%A2%D7%A1%D7%95%D7%A7%D7%AA-%D7%97%D7%95%D7%A5-2024-%D7%AA%D7%A8%D7%92%D7%95%D7%9D-%D7%9C%D7%90%D7%A0%D7%92%D7%9C%D7%99%D7%AA.pdf), I hereby request the management's approval for the following contract (consultation):

Topic of the consultation [**description should be as specific as possible**]:

\_

(hereinafter: **"the consultation"**)

Name of the entity / firm I wish to advise (**"the advised entity"** or **"the firm"**):

**Please read carefully and mark with a √ to confirm the following sections:**

1. The consultation is private and only on my behalf. I will not use the Technion's name and logo in connection with the consultation.
2. I will do the consultation, without any use of Technion resources (including equipment, infrastructures, students and employees).
3. The company is not related to the Technion/TRDF and/or granted with a license from the Technion/TRDF.
4. I hereby undertake not to forward any intellectual property, already developed or will be developed, at the Technion to the consulted entity
5. My primary place of work is at the Technion. I hereby undertake not to hold a senior position in the consulted entity (Officer), unless the EVPAA approves such a position in a separate letter. The scope of my outside employment will usually not exceed one day a week (up to 5 days a month).
6. The consultation approval will be valid for the academic year in which the approval request was submitted. In as much the request is submitted after July 1st, the approval will be valid until the end of the academic year in which the approval was requested and for the following academic year.
7. There are no circumstances under which a conflict of interests might occur between the consulted entity and the Technion, and I will avoid such circumstances during my consultation, including the possession of more than 1% equity of the firm by me and / or members of my family, etc. Also, I am not conducting a funded research for the firm and I have not been doing such research in the past 12 months.
8. I will not accept from the firm any payment of more than 200,000 $ a year, nor will I accept equity in any form (including shares and options), and for the entire duration of my consultation to the firm, in a scope larger than 1% of the firm's worth in return for my consult.
9. The consultation will not harm my ability to do research and / or teach at the Technion, nor will it limit my academic freedom, my right to publish my research at the Technion or my right to research and / or teach at the Technion in the future, in any field of my choice.

I wish to continue the consultation, for which the approval is valid, without a change in the terms.

**Or**

I undertake to forward a copy of this approval to the firm.

1. Inasmuch as all the above terms exist, the Technion waives its right for the products of the consultation to be approved, and for the resulting intellectual property.
2. As long as there is a licensing agreement between the Technion Institute and the company, the provisions of the licensing agreement shall prevail over the contents of this document with respect to the intellectual property rights of the Technion Institute in the consultancy outcomes.
3. If one of the 1-10 terms does not exist – a separate written approval of the EVPII will be required.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Approval of the Head of the department, stating that said employment does not harm the fulfillment of all the research and teaching duties of the staff member.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_\_\_\_\_