Request for Approval to Publish with an Outside Co-Author

1. Name of Requester:

2. Code:

3. Date:

4. Working title of proposed publication:

5. Please attach a brief description of proposed publication:

6. Name(s) of Proposed Co-Author(s) and Affiliation:

7. Please attach bios or CVs for each proposed co-author.

8. Will you or anyone whose interests are imputed to you receive any financial benefit from this co-authorship project? if yes, please briefly describe:

9. Please attach a statement describing in more detail any benefit you expect to receive from this collaborative publication, whether personal, professional, financial or any other. Please also describe any benefit that you expect will accrue to ONR from your proposed co-authorship project.

10. Are you requesting to work on this project in an official capacity? If so, please list how much duty time you are requesting to spend on it and what, if any, other government resources you expect to use:

11. If you are requesting to work on this project in an official capacity, please attach a statement explaining the reasons for your request. Please explain why you believe this project is sufficiently related to your duties to justify the use of duty time and what benefit will accrue to ONR. Also explain your rationale for the number of hours, or percentage of time, you are requesting.

12. Please acknowledge the following by initialing to the left.

a. _____ I understand that I must secure approval for each co-authorship project separately.

b. _____ I am not in the process of reviewing or making any recommendations on proposals, white papers or similar submissions from the outside co-author(s).

c. _____ I am not managing, overseeing, or assisting in the management or oversight of an award to the outside co-author(s).

d. _____ I am not in the process of taking other official action that, to the best of my knowledge, would directly and predictably affect the financial interests of the outside co-author(s) or likely cause a reasonable person with knowledge of all the relevant facts to question my impartiality in official matters related to the co-author(s) or the subject of the co-authorship project.

e. _____ If I must recuse myself from taking official action involving the co-author(s) while engaged in the approved co-authorship project, my recusal will not materially impair my ability to perform the duties of my position.

f. _____ I do not intend the project or final publication to be a prohibited partisan political activity.

g. _____ I am not aware of any other reason why the project would conflict with my official duties.

h. _____ I will not begin collaborating on this project with my proposed co-author(s) until my request has been approved via this form.

i. _____ If the request is approved, I will abide by ONRINST 5219.1 and its reference, and any conditions imposed by the approving authorities.

j. _____ I have a continuing obligation to inform my Department Head if and when (1) another co-author is added or the original co-author is replaced or (2) any previously undisclosed disqualifying factor emerges, as described in paragraph 4(c) of ONRINST5219/1.

k. _____ I will deliver a copy of any and all co-authored publications resulting from the approved project to the Director of Research, ONR 03R.

l. _____ I am aware of the policies, guidelines, laws and regulations as described in ONRINST 5219.1 and in its reference publication, as explained to me by counsel, if requested; and I understand that if I violate them, approval for this request may be rescinded and I may be subject to disciplinary proceedings.

13. Name/Signature _____ Date _____

14. Reviewed:

a. Division Director

Code: _____

Name/Signature _____ Date _____

(1) Recommend / Do Not Recommend Approval (circle one)
(2) Please attach an explanatory statement if desired.
(3) Please attach a statement detailing any conditions.

b. Department Head

Code: _____

Name/Signature _____ Date _____

(1) Recommend / Do Not Recommend Approval (circle one)
(2) Please attach an explanatory statement if desired.
(3) Please attach a statement detailing any conditions.

c. Counsel, ONR BDCC

Name/Signature _____ Date _____

(1) Recommend / Do Not Recommend Approval (circle one)
(2) Please attach an explanatory statement if desired.
(3) Please attach a statement detailing any conditions.

d. Director of Research, ONR 03R

Name/Signature _____ Date _____

(1) Approved/Not Approved (circle one)
(2) Please attach an explanatory statement if desired.
(An explanatory statement is required if the request is not approved)
(3) Please attach a statement detailing any conditions.