Harvard Pilgrim Health Care Institute

Request for Approval to Participate in External Activities

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| NAME OF REQUESTOR |  |
| NAME & ADDRESS OF COMPANY OR INDIVIDUAL TO WHOM THE EXTERNAL ACTIVITIES WILL BE PROVIDED |  |
| DESCRIPTION OF WORK |  |
| ESTIMATED NUMBERS OF HOURS TO COMPLETE THIS ACTIVITY |  |

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| --- | --- | --- |
| Approved by | Signature | Date |
| OSP |  |  |
| Sheila Fireman, JD, Executive Director, HPHC Institute |  |  |
| Richard Platt, MD Professor and Chair of the Department  Of Population Medicine |  |  |

If you wish to deposit the payment from this consultancy into your General Purpose account, attach this signed form with a personal check made payable to “Harvard Pilgrim Health Care Institute.” You will receive a gift acknowledgement.