



## REQUEST FOR DETERMINATION OF INTELLECTUAL PROPERTY RIGHTS

The attached form must be used by faculty and staff employees to initiate a determination of intellectual property ownership pursuant to Collin College Board Policy CT (Legal) and CT (Local).

Please note that the attached Request for Determination Form is a **fillable form**. **Please type in all required information, print and sign the form**. All ***Request for Determination of Intellectual Property Rights Forms*** MUST be filed with the Vice President of Human Resources and may be delivered via hand-delivery, fax, email, or U.S. Mail to the following address.

Vice President of Human Resources  
Collin Higher Education Center  
3452 Spur 339, Suite 349  
McKinney, Texas 75069  
Fax: 972-985-3778

**NOTE:** All ***Request for Determination of Intellectual Property Rights Forms*** must be received in the office **PRIOR** to creating the subject intellectual property and/or prior to taking the action that could potentially create a conflict of interest with the proper discharge of assigned duties and responsibilities or that creates a conflict with the best interest of the College District. **Please allow 10 business days for all requests to be processed.**

**REQUEST FOR DETERMINATION OF INTELLECTUAL PROPERTY RIGHTS FORM**

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**PART 1: REQUESTER'S CONTACT INFORMATION**

**Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Please check one of the following:**     **Staff Employee**     **Faculty**

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**PART 2: DETAILS OF INTELLECTUAL PROPERTY DEVELOPMENT**

**Intellectual Property Description** (please attach abstract, contract or other related documentation):

**Please answer the following questions regarding your request:**

1. Will the intellectual property be created during the course of the fulfillment of the employee's job responsibilities?  
Yes   
No
  
2. Is the creation of the intellectual property commissioned by the College District?  
Yes   
No
  
3. Will the intellectual property be created on College District time?  
Yes   
No
  
4. Is the project resulting from research supported by federal funds or third party sponsorship through Collin College?  
Yes   
No
  
5. Will the employee utilize college resources to create the intellectual property on more than an "incidental use" basis, as defined in Board Policy CT(Local)?  
Yes   
No

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**REQUESTER'S AFFIRMATION**

I hereby affirm that the information provided herein is true and correct to the best of my knowledge and that I will not publish the idea(s) embodied in the intellectual property without prior written approval of the College District, which may be provided or withheld in the sole discretion of the College District.

Employee Name (printed): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUPERVISOR'S ACKNOWLEDGEMENT OF THE PROJECT**

As supervisor, I acknowledge the employee's participation in the identified project and determined the employee will have only incidental use of College District resources as defined in Board Policy CT(LOCAL).

Supervisor Name (printed): \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PART 3: RECOMMENDATIONS & APPROVAL**

**Recommendations:**

- 100% Ownership by Employee
- 100% Ownership by Collin College
- Joint Ownership of \_\_\_\_% Employee and \_\_\_\_% Collin College
- No Conflict of interest       Potential Conflict of Interest  
*[Refer to Board Policy DBD(Local)]*

**Comments:**

VP Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval:**

Executive Vice President: \_\_\_\_\_ Date: \_\_\_\_\_

District President: \_\_\_\_\_ Date: \_\_\_\_\_