

Appendix J: Human Resources

Name (Departing Faculty Member): _____

Department: _____

Date of Departure: _____

Responsible Persons:

- SOM Office of Faculty Affairs & Human Resources (and CWRU Human Resources) for: faculty, staff, research associates, senior research associates and research scientists
- SOM Office of Graduate Education (and CWRU Office of Postdoctoral Affairs and CWRU Office of Student Employment) for: postdoctoral fellows, postdoctoral scholars and graduate students

1. Report your resignation from the School of Medicine faculty and last working day at CWRU, in the form of a letter, addressed and delivered to your department chair and copied to your department administrator, the SOM Office of Faculty Affairs and Human Resources (som-fahr@case.edu), and to the Office of Faculty Development and Diversity (sana.loue@case.edu). Departing faculty are required to schedule an exit interview with Dr. Sana Loue, Vice Dean for Faculty Development and Diversity (216-368-3743).
2. If you receive salary through CWRU payroll, your department administrator will send a completed payroll data (PD) form and a completed Personnel Action Form (PAF) to the SOM Office of Faculty Affairs and Human Resources. Please work with your department administrator to complete the CWRU Employment Termination Checklist so that the release of your last paycheck is not delayed. Please note that CWRU policy does NOT provide for faculty to receive a cash payout for unused vacation days.
3. Work with your department administrator to notify the chair of any department, school and/or University committee(s) you serve on of your departure. Your department administrator will update department websites and directory listings.
4. If there are there any staff, including Research Associates, Senior Research Associates and Research Scientists, who you supervise and/or are fully or partially supported by your grant(s), please indicate in the table below if they will be staying at CWRU or transferring with you. If your grants will be transferred to your new institution and the staff member will not be transferring with you, please work with your department administrator and the SOM Human Resources Manager, Danielle Haslett, to complete and submit a Reorganization Request Guide which is required to initiate the layoff notification process. The reorganization request should be completed as soon as you are aware of your departure, in order to provide sufficient time for review and approval and 45 day notification for the affected employee(s), facilitated by Human Resources. If an employee has been offered a position with your new institution, the employee must provide a resignation letter within 2 weeks of the termination date in order to maintain good standing with CWRU.

Name	Empl ID	Position Title	Remaining at CWRU or Transferring	Date of planned transfer (Resignation letter received)	Funding and supervision if remaining at CWRU	Date of proposed layoff if remaining at CWRU and funding is transferred

By signing below, the SOM HR Manager or delegated signee confirms that the appropriate actions have been taken, if applicable (i.e., reorganization request guide submitted, resignation letters received).

HR Manager: _____

Date: _____

5. If there are any students and/or postdocs who you currently mentor, please indicate in the table below if they will be staying at CWRU or transferring with you and describe the plan of future funding and mentoring. Also communicate plans for students remaining at CWRU to the Office of Graduate Education.

Name	ID	User ID	Graduate Student or Postdoctoral Fellow	Remaining at CWRU or Transferring	Date of planned transfer	Mentoring plan if remaining at CWRU	Funding plan if remaining at CWRU

By signing below, the Associate Dean for Graduate Education or delegated signee confirms that the appropriate actions have been taken, if applicable (i.e., new funding plans, new mentoring plans).

Associate Dean for Graduate Education: _____ Date: _____

By signing below, the faculty member, Department Administrator and Chair confirm that all CWRU postdocs, staff members and students in the PI's laboratory have been identified and future plans provided are accurate as of the date submitted. Changes to future plans should be communicated immediately to the SOM HR Manager and to somfacultydeparture@case.edu.

Faculty Member Signature: _____ Date: _____

Department Administrator Name: _____

Department Administrator Signature: _____ Date: _____

Department Chair Name: _____

Department Chair Signature: _____ Date: _____

NOTE: Appendix J must be completed and submitted with Appendix A in order for the Office of Grants and Contracts to take any action on any grant, agreement, subcontract and/or contract including relinquishing/transferring the program.