

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 (cynthia.kubu@case.edu). Departing faculty are required to schedule an exit interview with Dr. Cynthia Kubu, Interim Vice Dean for Faculty Development and Diversity. To schedule the exit interview, please call 216-368-3870.
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 PhD students who you currently mentor, please indicate in the table below if they will continue as a CWRU degree student or if they will transfer their degree status to the new institution. Also indicate whether they will remain physically located at CWRU or whether they will move to the new institution. You must attach a signed PhD student financial responsibility form (attachment 1) and an inter-institutional agreement (attachment 2) complete with all signatures which describes the process to handle CWRU student expenses at the destination institution as well as those CWRU students that remain at CWRU.

Graduate Student Name	ID	User ID	Remaining a CWRU student or transferring degree	Remaining at CWRU or moving to new institution	Date of planned departure	Mentoring plan for ALL CWRU PhD students is attached (y/n)	Completed Financial Responsibility Form and inter-institutional Agreement are attached (y/n)

If there are any postdoctoral research fellows who you currently mentor, please complete the table below.

Postdoctoral Fellow Name	ID	User ID	Leave Blank	Remaining at CWRU or Transferring	Date of planned transfer	Mentoring plan is attached for those PDs 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: _____ Date: _____

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.

Appendix J: Attachment 1 - Student Financial Responsibility Form for Faculty leaving CWRU

Faculty mentors that are leaving CWRU permanently for another institution are responsible for continued training, professional development, and financial support of all CWRU PhD students for whom they are considered a primary dissertation research mentor. This includes CWRU PhD students that relocate with the mentor as well as those that remain at CWRU to complete their PhD degree. As with any other PhD student, this support will continue until the student defends their thesis, changes mentors through approved SOM policies, voluntarily leaves the program (with or without another degree), or is officially removed from the program through approved programmatic and institutional processes. The mentor and student(s) must continue to comply with all CWRU institutional and programmatic expectations of PhD student training as well as continue to follow the AAMC compact between research mentors and graduate students.

By signing this form, the mentor agrees that he/she will fully support CWRU stipend, tuition, and fees as well as programmatic expectations outlined above.

This attachment pertains to the CWRU students listed below:

_____	_____
Mentor signature	Date
_____	_____
GPD signature	Date
_____	_____
Chair signature	Date
_____	_____
Assoc. Dean Signature	Date

MEMORANDUM OF UNDERSTANDING BETWEEN
CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE
AND
THE UNIVERSITY OF CALIFORNIA, IRVINE SCHOOL OF MEDICINE

The following Case Western Reserve University (CWRU) School of Medicine (SOM) Ph.D. candidate graduate students will be relocating to work with their mentor, **(PI Name)**, at **(Institution)**. This Memo of Understanding (MOU) is in effect from the date of arrival of **(Faculty/PI name)** at **(Institution)** through the duration of the student's Ph.D. studies and presupposes that the student remains in good academic standing and is making acceptable progress toward their degree. The student will complete their thesis work in the lab of **(PI Name)**, while meeting the requirements of the CWRU Graduate Program as outlined below.

<u>Student Name</u>	<u>Transfer Date of</u>	<u>PhD Program</u>	<u>Expected Defense Date (Month/Year)</u>
---------------------	-----------------------------	--------------------	---

Student Requirements:

The student will need to provide the Program office with their updated contact information (address, telephone, email). We will also need the new contact information of the student's mentor.

The student is required to provide their dissertation committee members with a dissertation progress report and to hold a dissertation committee meeting every 6 months so that they may discuss their research progress with each committee member. In addition, the student will need to update their individual development plan (IDP) and meet annually with their mentor to discuss their updated plan each year. The student must contact their committee members to determine their expectations for the communication of their progress during the thesis dissertation work. The mentor and student(s) must continue to comply with all CWRU institutional and programmatic expectations of PhD student training as well as continue to follow the AAMC compact between research mentors and graduate students

Billing/Payment Information:

The student will continue as a PhD candidate in good standing in the CWRU SOM PhD program indicated above after their move to **(Institution)** until the requirements for CWRU PhD graduation are met. **(Institution)** is responsible for the student's financial support during his/her remaining of CWRU years of graduate school. CWRU SOM considers that all PhD student expenses beyond their first year are the responsibility of the faculty mentor regardless of location.

CWRU SOM expects that the student will continue to receive their stipend, tuition, and healthcare benefits. Costs for the student's CWRU tuition, stipend, and fees will be covered upfront by CWRU SOM. Twice per year (*i.e.*, at the end of December and June of each year) CWRU will provide an itemized billing invoice to The University of California, Irvine SOM for those student expenses. **(Institution)** will complete payment to CWRU SOM within a 60-day time frame. Current FY **(year)** costs are:

tuition	\$	per credit
stipend	\$	
fees	\$	

These costs are expected to increase each fiscal year. **(PI Name)** will be informed each year of the FY student costs. This support will continue until the student defends their thesis, changes mentors through approved SOM policies, voluntarily leaves the program (with or without another degree), or is officially removed from the program through approved CWRU programmatic and institutional processes.

2. All other student associated expenses related to their research projects are the responsibility of the faculty mentor and sources of support at The University of California, Irvine SOM.

Signatures of understanding:

CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE

_____ Date: _____
Mark R. Chance, Ph.D.
Professor and Vice Dean for Research, CWRU SOM

_____ Date: _____
(PI Name)
Faculty Mentor

_____ Date: _____
(Dept Chair)
(Department)

(INSTITUTION)

Name
Job Title, Institution

Date: _____

Date: _____