Case Western Reserve University

School of Medicine

Page 1 of 4

**FACULTY DEPARTURE CHECKLIST & APPENDIXES**

To ensure compliance with the School of Medicine (SOM) Change of Institution Policy and state and federal guidelines, the following checklist must be completed at the time when a faculty member is ending his/her employment with the University, whether through resignation, retirement or termination. This checklist serves as a tool for both the faculty member and his/her department and must be completed by the faculty member in conjunction with his/her department/division administrator and chair. Completion of the checklist should be started at soon as a departure date has been established, ideally 90 days prior to the departure date, to allow for coordination with numerous SOM and CWRU administrative offices. The checklist includes important information regarding human resources, animal care and concerns, data storage and transfer, etc. Not all areas of the checklist will be appropriate for all faculty. By first completing the Appendix checklist you will know which areas pertain to you.

Completion of the FACULTY DEPARTURE CHECKLIST & APPENDIXES will help ensure that:

* Appropriate grants are transferred to the new institution in a timely manner
* Financial responsibilities are planned for
* Information needed for a smooth departure is available to all parties

**In addition departing faculty are required to schedule an exit interview with Dr. Cynthia Kubu, Interim Vice Dean for Faculty. To do so, please call 216-368-3870.**

**Steps for completing the FACULTY DEPARTURE CHECKLIST & APPENDIXES:**

1. Complete the TITLE PAGE & CHECKLIST & obtain signatures
2. Scan and email TITLE PAGE & CHECKLIST to somfacultydeparture@case.edu
3. Based on the answers from the CHECKLIST, complete the appropriate APPENDIX(ES) &

obtain necessary signatures. Department Administrators should work closely with staff named as responsible party on each appendix.

1. Submit completed coversheet, checklist and appropriate APPENDIX(ES) as a complete packet to somfacultydeparture@case.edu.

Questions? Please contact the Office of Faculty Affairs and Human Resources - 216-368-3870.

Case Western Reserve University

School of Medicine

Page 2 of 4

**FACULTY DEPARTURE CHECKLIST & APPENDIXES**

**TITLE PAGE**

Faculty Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Departure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Empl ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CWRU User ID: \_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dept Chair Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dept. Admin. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Departure: \_\_\_ Resignation \_\_\_ Retirement \_\_\_ Other

Future relationship to CWRU (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forwarding Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty signature date

Dept. Chair signature date

Dept. Administrator signature date

**FACULTY DEPARTURE CHECKLIST & APPENDIXES**

Case Western Reserve University

School of Medicine

Page 3 of 4

**Checklist**

*Complete the checklist below and for any of the situations that pertain to you, refer to the identified*

*Appendix for next steps and guidelines for completion and submission.*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Which of the following apply?*** | ***YES*** | ***NO*** | ***If yes******Please see******Appendix*** |
| *Do you serve as a Primary Investigator (PI) on a grant or contract?* |  |  | ***A*** |
| *Do you have capital equipment/ small equipment/computers/software licenses etc. that you would like to request to take with you, leave at CWRU or must dispose of?* |  |  | ***B*** |
| *Do you maintain a wet research lab?*  |  |  | ***C*** |
| *Do you maintain a computational/dry research lab?* |  |  | ***D*** |
| *Do you conduct human subject research?* |  |  | ***E*** |
| *Do you conduct animal research?*  |  |  | ***F*** |
| *Do you intend to transfer data, records or samples? Do you have research (active or inactive) with the FDA or has IDE or IND provisions? Or do you have any ongoing clinical trials?* |  |  | ***G*** |
| *Are you identified on a Technology Control Plan or participating in an export controlled project or activity?* |  |  | ***H*** |
| *Do you have active MTAs or Confidentiality Agreements?* *Have you disclosed inventions or do you have pending/issued patents? Do you have recent research results and/or intellectual property in the form of new discoveries or inventions that have not yet been published or protected via provisional patent filings?* |  |  | ***I*** |
| *Do you have graduate students, staff or post-docs remaining at the university? Do you have graduate students, staff or post-docs leaving CWRU in conjunction with your departure.*  |  |  | ***J*** |
| *Do you serve as a Webmaster or Listserv owner?* |  |  | ***K*** |
| *Do you have a PCard?* |  |  | ***L*** |
| *Do you have educational responsibilities for medical students (teaching, or grading)?* |  |  | ***M*** |

Complete both the title page and checklist, scan and email them to somfacultydeparture@case.edu. This will officially notify SOM staff of a faculty members intention to depart.

Upon completion of the entire packet rescan these pages along with completed appendixes to somfacultydeparture@case.edu as one document.

Case Western Reserve University

School of Medicine

Page4 of 4

**FACULTY DEPARTURE CHECKLIST & APPENDIXES (Appendixes Info)**

**Appendix A: Grants and Contracts**

Responsible Person(s): SOM | Grants & Contracts | Erin Fogarty |medres@case.edu | 216 368-4432

**Appendix B: Equipment**

Responsible Person(s): SOM | Space & Facilities Planning |Jill Stanley | jas88@case.edu | 216-368-5487

 CWRU | Controllers Office | Equipment Accounting |

**Appendix C: Wet Laboratory Space**

Responsible Person(s): SOM | Space & Facilities Planning |Jill Stanley | jas88@case.edu | 216-368-5487

 CWRU | Environmental Health and Safety | Marc Rubin | mdr6@case.edu

**Appendix D: Computational Resources (Computers and Servers)**

Responsible Person(s): SOM | Research Administration | Matt DeVries | mpd35@case.edu

 CWRU | IT | Mike Warfe | jmw22@case.edu

**Appendix E: Human Subject Research**

Responsible Person(s): University Hospitals Case Medical Center (UHCMC) Administration Office | 216-844-1529

**Appendix F: Animal Research**

Responsible Person(s): SOM | ARC | John Durfee | jwd7@case.edu

SOM | ARC | Justin Donnelly | jcd109@case.edu| 216 368-3490

SOM |IACUC |Tami McCourt | txm9@case.edu | 216 368-4972

**Appendix G: Transfer of data, records and samples**

Responsible Person(s) Data: SOM | Research Administration | Matt DeVries | mpd35@case.edu

Responsible Person(s) Records: SOM | Research Administration |Matt DeVries | mpd35@case.edu

Responsible Person(s) Samples: SOM | Research Administration |Matt DeVries | mpd35@case.edu

CWRU |Tech Transfer

**Appendix H: Technology Control Plan and/or Export Control**

Responsible Person(s): CWRU | University Compliance Office | Andrew Jarrell |exportcontrol@case.edu

**Appendix I: Technology Transfer Items (MTAs, CDAs, Invention Disclosures, Patents, etc.)**

Responsible Person(s): CWRU | Tech Transfer | Andrew Jarrell |amj29@case.edu

 CWRU | Tech Transfer | Daniel Pendergast | djp8@case.edu

**Appendix J: Graduate Students & Human Resources**

Responsible Person(s): SOM | Faculty Affairs & Human Resources |Danielle Price Haslett | drp67@case.edu

SOM | Paul MacDonald |Marvin NIeman | mxn83@case.edu

**Appendix K: Website/Listserve/Public Shares**

Responsible Person(s): SOM | IT | David Pilasky | dmp9@case.edu

**Appendix L: PCard/Purchasing**

Responsible Person(s): SOM Department Administrator and CWRU Procurement Services

**Appendix M: Medical Education**

Responsible Person(s): SOM | Medical Education | Minoo Darvish | mxg86@case.edu