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 as 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.
4. 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.
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
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.

<table>
<thead>
<tr>
<th>Which of the following apply?</th>
<th>YES</th>
<th>NO</th>
<th>If yes Please see Appendix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you serve as a Primary Investigator (PI) on a grant or contract?</td>
<td></td>
<td></td>
<td>A</td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
<td>B</td>
</tr>
<tr>
<td>Do you maintain a wet research lab?</td>
<td></td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>Do you maintain a computational/dry research lab?</td>
<td></td>
<td></td>
<td>D</td>
</tr>
<tr>
<td>Do you conduct human subject research?</td>
<td></td>
<td></td>
<td>E</td>
</tr>
<tr>
<td>Do you conduct animal research?</td>
<td></td>
<td></td>
<td>F</td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
<td>G</td>
</tr>
<tr>
<td>Are you identified on a Technology Control Plan or participating in an export controlled project or activity?</td>
<td></td>
<td></td>
<td>H</td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
<td>I</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td>J</td>
</tr>
<tr>
<td>Do you serve as a Webmaster or Listserv owner?</td>
<td></td>
<td></td>
<td>K</td>
</tr>
<tr>
<td>Do you have a PCard?</td>
<td></td>
<td></td>
<td>L</td>
</tr>
<tr>
<td>Do you have educational responsibilities for medical students (teaching, or grading)?</td>
<td></td>
<td></td>
<td>M</td>
</tr>
</tbody>
</table>

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.
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 | Erin Fogarty | medres@case.edu | 216 368-4432
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 | Erin Fogarty | medres@case.edu | 216 368-4432
Responsible Person(s) Records: SOM | Research Administration | Erin Fogarty | medres@case.edu | 216 368-4432
Responsible Person(s) Samples: SOM | Research Administration | Erin Fogarty | medres@case.edu | 216 368-4432
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 | Mandy Chen | mxc1208@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