**CWRU SOM FACULTY DEPARTURE CHECKLIST & APPENDICES DIRECTIONS**

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.

**Steps for completing the FACULTY DEPARTURE** [**CHECKLIST**](http://chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://case.edu/medicine/sites/case.edu.medicine/files/2021-12/Faculty%20Departure%20Title%20Page%20and%20Checklist%20Dec%202021.pdf) **&** [**APPENDICES**](https://case.edu/medicine/faculty-staff/faculty-affairs-hr/faculty-departure-procedures)**:**

Completion of the checklist **should be started at soon as a departure date has been established, ideally 90 days prior to the departure date,**

1. **TITLE PAGE AND** [**CHECKLIST**](http://chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://case.edu/medicine/sites/case.edu.medicine/files/2021-12/Faculty%20Departure%20Title%20Page%20and%20Checklist%20Dec%202021.pdf)**:** The checklist is a tool for a faculty member, his/her department, and the ancillary offices involved with the PI’s research endeavors (OG&C, HR, EHS, Data security, etc)

* PI is required to complete in conjunction with his/her department/division administrator and chair (with signatures)
* Complete the [**TITLE PAGE & CHECKLIST**](http://chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://case.edu/medicine/sites/case.edu.medicine/files/2021-12/Faculty%20Departure%20Title%20Page%20and%20Checklist%20Dec%202021.pdf) & obtain signatures
* Scan and email to[**somfacultydeparture@case.edu**](mailto:somfacultydeparture@case.edu)
* If NIH grants will need to be relinquished,
  + Scan all the above documents as a pdf and send via email to SOM Office of Grants and Contracts at [medrespre@case.edu](mailto:medres@case.edu) and [somfacultydeparture@case.edu](mailto:somfacultydeparture@case.edu)

1. **Subsequently, complete the** [**FACULTY DEPARTURE APPENDICES**](https://case.edu/medicine/faculty-staff/faculty-affairs-hr/faculty-departure-procedures) **to ensure that:**

* **Appropriate grants are transferred to the new institution in a timely manner**
* **Financial responsibilities are adequately implemented.**
* **Information needed for a smooth departure is available to all parties**
* **Departing faculty are required to schedule an exit interview with Dr. Cynthia Kubu, for the SOM Office of Faculty Affairs and Human Resources, Vice Dean for Faculty Development and Diversity, Dr. Cynthia Kubu. To do so, please call 216.368.3870.**
  1. **FACULTY DEPARTURE APPENDICES** 
     1. [**ALL SUBSEQUENT APPENDICES**](https://case.edu/medicine/faculty-staff/faculty-affairs-hr/faculty-departure-procedures) - Complete all relevant APPENDIX(ES) & obtain necessary signatures (these are the appendices corresponding to where the PI answered YES on the checklist).
     2. Department Administrators should work closely with staff named as responsible **on each appendix for the assigned person to sign.**

1. **FINAL PACKAGE:**
   1. Submit completed coversheet, checklist, appendices with all appropriate signatures on the appendices
   2. **Send complete packet to somfacultydeparture@case.edu.**

Questions? Please contact the SOM Faculty Departure Group by emailing [**somfacultydeparture@case.edu**](mailto:somfacultydeparture@case.edu)**.**

**FACULTY DEPARTURE CHECKLIST & APPENDICES**

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

Administrative contact email information

(If moving to another institution, provide the admin contact information there (needed in the cases of NIH relinquishments).

Faculty signature date

Dept. Chair signature date

Department Administrator signature date

**Appendix M: Medical Education**

Responsible Person(s): SOM | Curricular Affairs |Dr. Minoo Darvish | [minoo.darvish@case.edu](mailto:minoo.darvish@case.edu)|

**FACULTY DEPARTURE CHECKLIST Re: APPENDICES 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*** |
| *IBC (Awaiting language from C Karlo) (work in process to be added at a later date)* |  |  | ***N*** |

Complete both the title page and checklist, scan and email them to [somfacultydeparture@case.edu](mailto: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 appendices to [somfacultydeparture@case.edu](mailto:somfacultydeparture@case.edu) as one document.

[**FACULTY DEPARTURE APPENDICES**](https://case.edu/medicine/faculty-staff/faculty-affairs-hr/faculty-departure-procedures) **CONTACTS**

**Appendix A: Grants and Contracts**

Responsible Person(s): SOM | Grants & Contracts | [medrespre@case.edu](mailto:medres@case.edu) | 216 368-4432

**Appendix B: Equipment**

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

CWRU | Environmental Health and Safety | Marc Rubin | [mdr6@case.edu](mailto:mdr6@case.edu)

CWRU | Environmental Health and Safety | Felice Porter | [fst2@case.edu](mailto:fst2@case.edu)

**Appendix D: Computational Research Resources (Computers, Servers, SRE)**

Responsible Person(s): SOM | Research Administration | Michael Piccirillo | mxp744@case.edu cwrucores@case.edumpd35@case.edu

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

**Appendix E: Human Subject Research**

Responsible Person(s): CWRU IRB| cwru-irb@case.edu

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](mailto:jwd7@case.edu)

SOM | ARC | Justin Donnelly | [jcd109@case.edu](mailto:jcd109@case.edu)| 216 368-3490

SOM |IACUC |Tami McCourt | [txm9@case.edu](mailto:djp@case.edu) | 216 368-4972

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

Responsible Person(s) Data AND/OR samples

SOM | Research Administration [SOM-resadmin@case.edu](mailto:cwrucores@case.edu)

(EMAIL SUBJECT LINE: App G Data/Samples)

[SOM-resadmin@case.edu](mailto:SOm-resadmin@case.du) may need to consult with central’s 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 | ttofacultydeparture@case.edu

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

Responsible Person(s): SOM | Faculty Affairs & Human Resources |Corrie Zimerla | [can12@case.edu](mailto:can12@case.edu)

SOM | Marvin Nieman | mxn83@case.edu

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

Responsible Person(s): SOM | IT | CaseMedhelp@case.edu

**Appendix L: PCard/Purchasing**

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

**Appendix M: Medical Education**

Responsible Person(s): SOM | Curricular Affairs |Dr. Minoo Darvish | [minoo.darvish@case.edu](mailto:minoo.darvish@case.edu)|

**NEW 5/2022 Appendix N: Institutional Biosafety Committee (IBC)**

Responsible Person(s): SOM | Curricular Affairs |Collen Karlo | [jck2h@case.edu|](mailto:jck2h@case.edu|)