

## **FACULTY DEPARTURE PROCEDURES**

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Boston University

July 26, 2010



## **Faculty Exit Procedures**

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## **FACULTY DEPARTURE CHECKLIST INFORMATION SUMMARY**

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This document is intended to provide a standardized checklist that must be completed for faculty who end their employment with Boston University or Boston Medical Center, whether through resignation, retirement, or termination. The checklist provides the steps the faculty member and the department will need to complete in order for the faculty member to officially exit from BU or BMC and to allow for reallocation of space in an orderly manner. This checklist includes important Human Resources information, departmental logistics, and procedures for faculty involved with active research projects. Following the steps outlined in the checklist will facilitate the transition of the faculty member from active employment to her/his eventual departure date. This process is intended to assist University departments and schools to be in compliance with state and federal guidelines, providing an efficient and effective means to close out projects and resources associated with sponsored research.

Section I is to be provided by the designated department representative to the faculty member departing the University.

Section II should be completed by the faculty member with the designated department representative to ensure all appropriate University entities are notified of the faculty member departure. Items within the document should be completed 90 days prior to departure, making them time critical. The Form should be reviewed and signed by the Department chair once completed. If a faculty member departs BU or BMC involuntarily, unexpectedly, is deceased or otherwise is unable to carry out their responsibilities, the Departmental Administrators should complete both Section I and II, as best as possible.

The appendices contain the close out procedures and contact information for specific areas within research such as human subjects, animal subjects, patents, equipment and/or data transfer, hazardous materials etc. These Forms should be given to the faculty member as soon as notification of their departure is received. Completion of an appendix is required only if it is applicable to the work of the individual faculty member. Departments may add their own specific appendices tailored to their needs as appropriate.

Boston University acknowledges the University of Virginia for their kind permission to use the materials developed for their program.

**FACULTY MEMBER EXIT CHECKLIST**  
**BOSTON UNIVERSITY and BOSTON MEDICAL CENTER**

**Instructions:** Department is responsible for coordinating with departing faculty member on completion of this checklist and notifying appropriate BUMC departments. Upon completion of form, retain original in department files and forward a copy to Dean's office.

\_\_\_\_\_  
Department

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Department Administrator (*name and email address*) responsible for coordinating exit process

\_\_\_\_\_  
Faculty Member Name (Last, First, Middle)

\_\_\_\_\_  
Faculty Member Title

Check One:     ☐ Resigning / Leaving Boston University/Boston Medical Center for another position (letter or resignation required)  
                     ☐ Transferring to another BU department (Optional)  
                     ☐ Retiring  
                     ☐ Other: \_\_\_\_\_

\_\_\_\_\_  
Date of Departure

\_\_\_\_\_  
Faculty Member – Current Contact Information: *email; tel #; business address*

\_\_\_\_\_  
Faculty Member – New Contact Information, if available: *email; tel #; business address*

**SECTION I: TO BE COMPLETED BY DEPARTMENT**

**N/A   YES   DATE**

- |                          |                          |       |   |
|--------------------------|--------------------------|-------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Complete HR 'Departing Faculty Checklist'   |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Provide copy of this checklist to faculty member and coordinate with faculty member on its completion and notification of appropriate departments of faculty member's pending departure and effective date of departure |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | If BU or BMC employees terminating or moving with Faculty member, contact the appropriate HR Office   |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | If Faculty member part of a Faculty Practice Plan (FPP), contact the appropriate FPP for information regarding terminating FPP employment   |

## SECTION II: TO BE COMPLETED BY FACULTY MEMBER OR DEPARTMENT IN CONSULTATION WITH FACULTY MEMBER

N/A YES DATE

- ☐ ☐ \_\_\_\_\_ Notify any committees of which you are a member or any committees that are dependent on you for information or assistance
- ☐ ☐ \_\_\_\_\_ Notify students whom you advise and coordinate with Department Chair on a replacement mentor
- ☐ ☐ \_\_\_\_\_ Notify, and coordinate with Department Chair/Department Administrator and HR (BU or BMC) regarding the disposition of personnel (post-docs, technicians, administrative staff, etc.) for whom you are responsible for
- ☐ ☐ \_\_\_\_\_ Complete 'PI Exit Checklist' (Attachment A) if you are a PI on a grant or contract
- ☐ ☐ \_\_\_\_\_ Complete 'Research Lab Exit Checklist' (Attachment B) if you conduct, maintain or work in a research lab or if you otherwise are responsible for the safe disposition of hazardous materials
- ☐ ☐ \_\_\_\_\_ Complete 'Human Subject Exit Checklist' (Attachment C) if you conduct human subject (clinical) research
- ☐ ☐ \_\_\_\_\_ Complete 'Animal Research Exit Checklist' (Attachment D) if you conduct research on animals
- ☐ ☐ \_\_\_\_\_ Complete 'Removal / Transfer of Equipment Exit Checklist' (Attachment E) if you are responsible for equipment that you do not intend to leave in place
- ☐ ☐ \_\_\_\_\_ Complete 'Disposition of Specimens, Cell Lines, Reagents, etc. Exit Checklist' (Attachment F) for those items for which you are responsible
- ☐ ☐ \_\_\_\_\_ Complete 'Technology Transfer Exit Checklist' (Attachment H) regarding invention disclosure, pending/issued patents, intellectual property, etc.
- ☐ ☐ \_\_\_\_\_ Finalize / settle any financial matters with Office of Financial & Business Affairs, e.g., outstanding advances, pending reimbursements, accounts for which you are an authorized signature, etc.

### Signatures:

\_\_\_\_\_  
Faculty Member:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

**APPENDIX A – GRANTS and CONTRACTS**  
**(To be completed by a Principal Investigator on a Grant or Contract)**

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Because grants and contracts are made to the Trustees of Boston University or Boston Medical Center and not to individuals, they must be closed out by Boston University and/or Boston Medical Center before they are relinquished (transferred) to another institution. The requirements vary but generally include financial, technical and patent reporting. BU/BMC will relinquish the award or contract back to the sponsor and the sponsor will then make a new award or enter into a contract with the new institution. All items listed below should be completed **PRIOR** to departing BU/BMC.

**BU Office of Sponsored Programs:**

**OPS-MED: 617-638-4600**

**OSP-CRC: 617-353-4365**

**BU Post Award Financial Operations**

**(617) 353-4555**

**BMC Grants Administration:**

**Pre-Award Associate Director: 617-414-5646**

**Post-Award Associate Director: 617-414-2880**

**90 Days Prior to Departure Date:**

**Alert your School or Departmental Administrator, the Office of Sponsored Programs (OSP) and Post Award Financial Operations and/or BMC Grants Administration of your intent to transfer a grant or contract to another institution.**

**N/A   YES   DATE**

- ☐ ☐ \_\_\_\_\_ Share, Departmental Administrator and OSP or BMC Grants Administration contact information with the institution that you intend to transfer your grants and contracts to and provide their information to Departmental Administrator or OSP or BMC Grants Administration.
- ☐ ☐ \_\_\_\_\_ Complete and submit final invention statements to sponsor as required, also see Appendix G.
- ☐ ☐ \_\_\_\_\_ Ensure that all required progress reports and final reports have been prepared and submitted.
- ☐ ☐ \_\_\_\_\_ Request that your administrator (department or school as appropriate) prepare a relinquishing statement or similar sponsor document. They will work with OSP or BMC Grants Administration for final approval.
- ☐ ☐ \_\_\_\_\_ Prepare request to sponsor as required for the transfer of any equipment, also see Appendix E.
- ☐ ☐ \_\_\_\_\_ Ensure that all original documents are given to the appropriate department administrator and inform that administrator about any copies of documents that will be leaving the University.
- ☐ ☐ \_\_\_\_\_ Ensure, if transferring a grant or contract, that your school or departments 's Grants and Contracts office or Administrator and OSP, or BMC Grants Administration have an up-to-date copy of all proposals and reports.
- ☐ ☐ \_\_\_\_\_ Notify collaborating institutions in writing, on any awards with subcontracts, that the award will be transferring. If you have a Certificate of Confidentiality, notify the issuing office of your new institutional affiliation.
- ☐ ☐ \_\_\_\_\_ Financial Responsibilities: With the help of the appropriate administrator, prepare budget for remaining months at the University or Hospital and ensure the correct amounts of funds are left at the University to cover any outstanding balances.

- ☐ ☐ \_\_\_\_\_ Review and certify final expenditures made to grant or contract and work with Research Accounting to complete all sponsor-required financial reports and closeout activities.
- ☐ ☐ \_\_\_\_\_ Resolve any outstanding commitments and budget deficits.
- ☐ ☐ \_\_\_\_\_ Contact Post Award Financial Operations to make arrangements to review and certify final effort reports for you and your lab personnel.
- ☐ ☐ \_\_\_\_\_ Material Transfer Agreements (MTA):  
Coordinate with Sponsored Program Contracting staff to ensure proper closeout of existing material transfer agreements. (*below*)
- ☐ ☐ \_\_\_\_\_ Review terms of MTA and ensure materials are handled accordingly. Materials to be transferred to another institution will likely require a new MTA to be processed between the providing entity and the receiving entity.
- ☐ ☐ \_\_\_\_\_ Before Materials are transferred, permission must be granted by the provider.
- ☐ ☐ \_\_\_\_\_ Confidentiality Agreements:  
Coordinate with Sponsored Program Contracting staff or BMC Grants Administration to ensure proper closeout of existing confidential disclosure agreements
- ☐ ☐ \_\_\_\_\_ Review terms of confidentiality agreement to ensure that any information provided is handled accordingly. Information to be transferred to another institution will likely require a new MTA to be processed between the providing entity and the receiving entity.
- ☐ ☐ \_\_\_\_\_ Before provided information is transferred, permission must be granted by the provider.
- ☐ ☐ \_\_\_\_\_ Research Contracts:  
Coordinate with Sponsored Program Contracting staff or BMC Grants Administration to ensure proper closeout of contracts.

**APPENDIX B - RESEARCH LAB/HAZARDOUS MATERIALS**  
**(To be completed by an Investigator responsible for closing down a laboratory)**

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Because laboratories often contain hazardous materials and equipment and other supplies obtained through several sources, coordination and care must be taken when either closing a lab completely or transferring some or all of the contents to another institution. To fully comply with health, safety and ownership requirements, the following actions may be required. All items listed below should be completed **PRIOR** to departing BU.

**Environment Health and Safety (EHS) –**  
**CRC: 617-353-4094**  
**MED: 617-638-8830**

**60-90 Days Prior to Departure Date:**

**Alert your Unit Administrator or School Administrator and the Environmental Health and Safety (as specified below) of your intent to close down a research laboratory to ensure the orderly cataloguing of equipment and the disposal of any hazardous materials.**

**N/A   YES   DATE**

- ☐ ☐ \_\_\_\_\_ Coordinate with your Department Administrator to verify ownership of all equipment and materials, and make arrangements for disposal or transfer. For transfer requirements – see Appendix E.  
Note: If the lab contains hazardous materials, all unwanted items **MUST** be decontaminated. Contact the Environmental Health and Safety (EHS) for instructions.  
Completion of Form EHS Certificate of Decontamination (available from EHS) may be required.
- ☐ ☐ \_\_\_\_\_ Contact the Environmental Health and Safety to make arrangements for removal or disposal of chemicals, biological materials, ‘sharp’ items, all radioisotopes and related samples/specimens, and unknown/unidentified containers. Ensure that the lab is free of all these materials before departure, and/or that the department chair has authorized leaving them in the lab.
- ☐ ☐ \_\_\_\_\_ If you are a generator of hazardous waste, contact the Environmental Health and Safety to verify the disposal of your wastes and confirm proper labeling of all hazardous materials that will not be disposed.
- ☐ ☐ \_\_\_\_\_ Notify the Environmental Health and Safety if you plan to ship or transport any chemical, biological or radioactive materials to another institution. They will provide you with required regulations.



## APPENDIX C - HUMAN SUBJECT RESEARCH

### (To be completed by an Investigator working on a human subject protocol)

It is imperative that proper steps be taken with regard to the disposition of human subject protocols prior to departure from the University. All items listed below should be completed **PRIOR** to departing BU

**IRB Office: 617-638-7202**

**60-90 Days Prior to Departure Date:**

**Contact the appropriate IRB overseeing protocols/ grants to identify open protocols/grants and provide IRB with departure date.**

**\*Principal Investigator must complete Section I for each protocol for which you are responsible.**

### **SECTION I**

#### *Projects to be Transferred*

**N/A   YES   DATE**

- ☐ ☐ \_\_\_\_\_ Assess transferability of research to new institution (e.g., geographic proximity for human subjects, etc.)
- ☐ ☐ \_\_\_\_\_ Submit application through new institution's IRB.
- ☐ ☐ \_\_\_\_\_ Submit management plan for any currently enrolled research subjects (e.g., withdrawing subjects from research who do not wish to be transferred to the new institution, etc.) to BU/BMC IRB with Closure Form.
- ☐ ☐ \_\_\_\_\_ Consult with IRB, if you will be transferring health information from subjects. *Please note that the IND and the Certificate of Confidentiality, if applicable, transfer with the protocol.*
- ☐ ☐ \_\_\_\_\_ Submit IRB Closure form.

#### *Projects to be Retained at BU*

**N/A   YES**

- ☐ ☐ If you will remain the PI on the project, apply for Voluntary or Adjunct Faculty Appointment through Chair. (may be done via Resignation Letter)
- ☐ ☐ If a new PI will be appointed at BU, work with Department to identify new PI. *Note: Special Considerations for Industry Sponsored Research – Industry sponsor has final approval over change of PI and/or Institution, and will modify any Clinical Trial agreement.*

#### **IRB Tasks, if YES then complete:**

- ☐ Complete IRB Personnel change request.
- ☐ Modify protocol using tracked changes and obtain signatures from new principal investigator.
- ☐ Obtain signature of new principal investigator and their supervisor on Investigators Agreement.
- ☐ Modify consent form using tracked changes, if protocol remains open to enrollment.
- ☐ Submit all documents to IRB.

***Projects to be Terminated***

**N/A YES**

- ☐ ☐ Submit IRB Project Closure form:
- ☐ ☐ If biomedical research, notify Office of Clinical Research for instructions on how to archive data.
- ☐ ☐ Consult with the Office of Clinical Research on records disposal.

**\*Sub-Investigator must complete Section II for each protocol on which you are a participant**

**SECTION II**

**N/A YES**

- ☐ ☐ If you will continue to work on the protocol after you leave BU or BMC, notify the Principal Investigator and IRB.

If, **YES**

- ☐ Modify protocol using tracked changes and submit to IRB.
- ☐ Sign an Unaffiliated Investigators Agreement and submit to IRB with modified protocol.
- ☐ Request that PI contact Grants and Contracts Office to determine if a contract will be required.

**APPENDIX D - ANIMAL RESEARCH**  
**(To be completed by an Investigator using animals as research subjects)**

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It is imperative that proper steps be taken with regard to the disposition of animal subjects prior to departure from the University. All items listed below should be completed **PRIOR** to departing BU. Failure to adhere to these procedures will result in the following:

1. A Letter of reprimand will be sent to the principal investigator; with a copy sent to the department chair and to the IACUC at the new institution.
2. Any expenses, including per diems, will be billed to your department chair for the recovery of costs incurred.
3. Euthanasia of animals may be conducted at the discretion of the IACUC.

**Institutional Animal Care and Use Committee (IACUC)**  
**617-638-4263**

**Laboratory Animal Science Center (BUMC)**  
**617-638-4086**

**Laboratory Animal Care Facility (CRC)**  
**617-353-2463**

**At Least 90 Days Prior to Departure Date:**

**N/A   YES   DATE**

- ☐ ☐ \_\_\_\_\_ **Send written notification** to the Institutional Animal Care and Use Committee (IACUC) Office and the LASC or LACF informing them of your intent to leave the University. **The notification must include:** exact date of departure, date of termination of protocols, intended disposition of any remaining animals, new contact information.
- ☐ ☐ \_\_\_\_\_ If you intend to transfer any animals remaining in inventory to another investigator's protocol or have the animals transferred to the new institution, you must contact the Director of LASC or LACF to obtain approval and to complete the appropriate transfer forms.  
**Note:** Animals transferring to another institution will likely need to be placed in quarantine, so adequate lead time must be taken into account.
- ☐ ☐ \_\_\_\_\_ If you plan to continue collaborative research with another qualified BU faculty member, the collaborating BU faculty member must agree to accept responsibility for any ongoing research and animals in inventory. The departing faculty member's protocol will be terminated. Therefore, the collaborator must submit a NEW animal use protocol under his/her name to the IACUC Office together with a cover letter that clearly details:
- The nature of the collaborative work,
  - His/her willingness to accept the research project and the extent of his/her experience with the research of the departing investigator
  - The timetable for completion of the collaborative project.
- ☐ ☐ \_\_\_\_\_ Verify that any qualified BU collaborator(s) have received full IACUC approval for the new protocol. Otherwise, they may not be allowed to continue or initiate the departing investigator's research.

**APPENDIX E – TRANSFER OF EQUIPMENT, DATA, RECORDS OR OTHER ITEMS**  
**(To be completed by a Faculty Member intending to transfer materials to another institution)**

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In many cases faculty will have equipment, data, records or such things as specimens, cell lines or reagents that they would like to take with them when they leave the University. The ownership of these items may be unclear. It is best to clarify these issues prior to your departure or the transfer of these items. All items listed below should be completed **PRIOR** to departing BU.

**Property Management: (617) 353-4555**

**60-90 Days Prior to Departure Date:**

**N/A   YES   DATE**

☐ ☐ \_\_\_\_\_ Data or Records

If you will be transferring data or records please see the Data Retention Policy. Please note that this policy applies to all research data or records even if they were not collected in a "lab."

☐ ☐ \_\_\_\_\_ Human Subject Data Records and HIPAA Regulations

If you will be transferring human subject data or records please see the Data Retention Policy and HIPAA regulations regarding Research and Protected Health Information (PHI).

☐ ☐ \_\_\_\_\_ Equipment (*Transfer of equipment requires Department Chair approval*)

Contact Property Management to receive complete information on capital equipment and title. If you will be transferring equipment out of BU space, please see the BU Transfer of Research Equipment Policy. (<http://www.bu.edu/comp/property/procedures.html#mte> )

If you are transferring Research Equipment out of BMC space, please see BMC Grants Administration Research Equipment Policy ([http://internal.bmc.org/grants/policies\\_post/equip\\_policy\\_rev11\\_07.doc](http://internal.bmc.org/grants/policies_post/equip_policy_rev11_07.doc))

☐ ☐ \_\_\_\_\_ Other Items- Including Such Things as Specimens, Cell Lines or Reagents

If you will be transferring items such as specimens, cell lines or reagents, please contact OSP

## APPENDIX F – PATENTS/INVENTIONS

(To be completed by a Faculty Member who has patent or invention activity)

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In order to ease your departure, it is important to communicate with the Patent Foundation regarding any potential issues that may arise related to you patents and/or inventions. All items listed below should be completed **PRIOR** to departing BU.

**Office of Technology Development: (617) 353-4550**

**60-90 Days Prior to Departure Date:**

**N/A   YES   DATE**

☐ ☐ \_\_\_\_\_ Forward information for patent prosecution, help in licensing activities and change in royalty flow to the OTD.