

CHECK-OUT LIST

Revised 9/04

SCHOOLS OF PHARMACY AND PHARMACAL SCIENCES AND HEALTH SCIENCES

All graduate students, postdoctoral appointees, technicians and other research personnel (undergraduate students, etc.) are responsible for completing this form upon the termination of their employment or upon the completion of their degree requirements. Where a specific item does not apply, please mark NA (not applicable) in the space provided. Completed forms must be submitted to the major professor or research director for transmittal to the Dean's Office. If a graduate student, the major professor will attach this form to the completed Graduate School form which authorized the degree. The check list is provided for the convenience of those individuals whose appointments are being terminated or who are about to complete the requirement for the M.S. or the Ph.D. degree or who are discontinuing their graduate work. It also serves as a reminder to the major professor of the tasks which the graduate student must complete before receiving a degree or terminating an appointment. If you want to ensure that you receive your Purdue mail, including your W-2 for income tax purposes, please turn this form in to the Dean's Office prior to your departure from Purdue.

TO: Graduate Student and Postdoctoral appointees:

Please provide the following information.

PRINT

Name _____
(Last) (First) (Initial)

Employment Information:

Title of new
Position _____

Name/address of institution at which you
Will be employed:

Home address/information

1. From the following list, please circle the reason for leaving the School of Pharmacy andPharmacal Sciences:

- a) graduate degree completed
- b) employment terminated
- c) transferring to another program
- d) Other (state reason)

(Circle appropriate degree)

M.S. thesis option M.S. non-thesis option Ph.D. degree

2. Thesis distribution: (Applies only to graduate students completing degree requirements.)

Original to Grad School Thesis Office

(Thesis Office Manager's Signature)

One copy to Pharmacy Library

(Librarian's Signature)

One copy to Major Professor

(Major Professor's Signature - MPS)

AFPE fellow only - One copy to AFPE

(MPS)

3. a) Building keys returned to stockroom

(Stockroom Supervisor's Signature)

b) Computer Lab key(s) returned

(Assoc. Dean/Graduate Programs Signature)

4. Supplemental checkout for chemical disposal and storage completed. (Attached)

(MPS)

5. All classified substances have been returned to Department Drug Custodian

(Dept. Drug Custodian Signature)

6. a) Report to the Pharmacy Business Office, Room 158 to terminate appointment.

b) Submit letter of resignation.

(Business Officer's Signature)

7. Research notebooks have been turned in to Major Professor or Research Director and Manuscripts are in a form satisfactory for publication.

(RDS or MPS)

8. You e-mail account will remain active for 30 days; or we will forward your email to another account for 90 days.

(Kris Skjervold or Jeff Rattray)

REQUIRED SIGNATURES:

Signature (Grad. Student, Postdoc, Technician, etc.)

Date

Signature (Department Head)

Date

Signature (Major Professor)

Date

Signature (Dean, School of Pharmacy and Pharmacal Sciences)

Date

ATTACHMENT TO APPENDIX 11

LABORATORY CHECK-OUT SUPPLEMENT

To the faculty member in charge: Complete an inspection and this form, or designate a group member to do so. It should be done with the departing researcher in attendance.

Name of person checking out: (print) _____ Date: _____

Name of faculty advisor: (print) _____

Name of inspector: (print) _____

Answer “yes” or “no” to the following items, and make comments as necessary.

All thesis samples or other small containers of chemicals belonging to this person **have been disposed***. Any to remain have been approved by the faculty research director, and have been labeled thoroughly and completely catalogued.

All manufacturer’s containers and/or secondary storage containers (including safety cans) belonging to this person have been disposed, or responsibility for them has been assumed by another person in the group.

All waste belonging to or generated by this person has been disposed, or responsibility for it has been assumed by another person in the group.

All refrigerators, freezers, shelves, cabinets, and auxiliary storage rooms have been looked at/into with this person, all and containers (especially reactive materials such as organometallics, active metals, and metal hydrides) have been disposed of, or responsibility for them has been assumed by another person in the group.

* “Has/have been disposed” means **GONE**. It does not mean simply that a pick-up request has been filled out and the material is awaiting removal. This is particularly important in the case of reactive materials. The REM hazardous waste section will decline to remove reactive materials from your area unless you have absolutely no staff with adequate chemical training who can “neutralize” the materials in your lab.