

Beaumont Research Institute

Appendix A

Authorization & Acknowledgment of Arrangements for a Non-Business Unit 10108/Research Employee who will be Working or Volunteering on Research Activities

1. Research Finance & Accounting, Grants & Contracts Analysis/Authorization:

I _____ have determined the following, as it applies to _____'s work on this research project:
Non-Business Unit 10108 Employee Name

- a. His/her home Dept ID will receive salary relief from Research Institute, commensurate with his/her time and effort expended and documented via a submitted RI Time Log (research involvement occurs during normal working hours).
- b. She/he will receive contingent wages for hours worked outside normal working hours, at a rate of \$_____/hour (contingent voucher/log must be completed, properly authorized, timely submitted).
- c. She/he is participating as a volunteer outside regular work hours and will not receive compensation for this research work (no time log required).
- d. His/her involvement is determined to be de minimis (approximately less than 2% on an annual basis) and therefore this participation will not be captured or reimbursed by/in Research Institute as efforts to capture the value would exceed value received (no time log required).

2. Employee Acknowledgement:

I, _____, will work on the following research project: IRB # _____
Employee Printed Name & Employee ID#

Dept ID# _____ Study Title: _____

I will work on this project as described (checked off) in section 1 above. If box a. or b. is checked in section 1 above, I agree to submit RI Time Logs and/or contingent vouchers as required, on a timely basis, to the designated time keeper in accordance with RI policies and practices:

Signature: _____ Date: _____ Home Dept ID: _____

Title: _____ Department: _____

Name of Employee's Department Manager/Supervisor: _____

Name of Administrative Director (not Medical Director): _____

If participating as a volunteer (box 1c. above checked) please provide reason for volunteering on this project):

3. Clinical Research Manager Authorization and Acknowledgment:

I authorize the work of _____ on this research project, as described above.
Employee Name

His/her duties on the project will be as follows: _____

I agree to discuss this person's duties with Research Education, to determine if additional training is required.

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Department: _____

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4. Principal Investigator Authorization:

I authorize _____ to work on my research project, in accordance with above parameters.

Employee Name

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Department: _____

5. Employee's Department Manager/Supervisor Authorization:

I authorize the involvement of my employee, _____, in the conduct of the research project described above. I understand when he/she will be performing these duties and potential budgetary impact to my department, if any, as described above by the Research Accountant.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Department: _____

6. Employee's Hospital Administrative Director (not Medical Director):

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Department: _____

7. Research Institute Administrative Director:

Signature: _____

Date: _____

Printed Name: _____

8. Completed form provided to RI Office Manager:

Copies provided by RI Administrative Secretary to:

- a. RI Finance & Accounting, Grants & Contracts Analyst
- b. Clinical Research Manager
- c. RI Education
- d. Employee
- e. Dept ID Book