

Laboratory Management Plan During Scheduled Leave

Name:

Duration of leave: from _____ to _____
dd/mm/yy dd/mm/yy

Purpose of leave: *In the field below, briefly describe the purpose of your leave.*

Contact information: *In the fields below, provide applicable emergency contact information.*

email address:

phone number:

Researchers under your supervision: *In the field below, list all researchers supervised by you or visiting researchers associated with you who will be working within the Department during your absence. Next to each name indicate the following:*

1. *status (e.g., visiting researcher, research associate, post doc, graduate student, undergraduate student);*
2. *all of your laboratory room numbers to which each individual has access.*

**Laboratory
operations plan:**

Select which laboratory plan applies during your absence:

- A. My laboratories will be shut down during my absence.
B. Experiments will be operating in one or more laboratories during my absence

If you selected B. above, list room numbers in the field below:

**Supervising
Laboratory Manager:**

If you selected B. above, indicate in the space below who will serve as supervising laboratory manager in your absence and provide his or her contact information. This individual must

- 1. be familiar with all procedures relating to experiments performed in your laboratories during your absence;*
- 2. have the authority and the technical ability to safely shut down any and all experiments operating during your absence;*
- 3. be present and available on Campus when individuals are working in your laboratories;*
- 4. serve as the local emergency contact during your absence.*

This person must sign in the space provided at the bottom of this form.

supervisor's name:

supervisor's email address:

supervisor's phone number:

Signatures:

Requester of leave

date
dd/mm/yy

appointed supervisor (if applicable)

date
dd/mm/yy