

## Employee Approval Form to Participate in VCU Sponsored Project Activities

### VCUHS Employee Information

**VCUHS Employee Name/Title:** \_\_\_\_\_

**VCUHS Supervisor Name/Title:** \_\_\_\_\_

**Employee Role in VCU Health System:**

- Resident/Housestaff<sup>1</sup>
   
  Hospital Employee<sup>2</sup>  
 MCV Physicians Employee<sup>3</sup>

### VCU Project Information

**OSP Proposal Number (FP):** \_\_\_\_\_

**Description of Project (Required: Title, Sponsor, Performance Period, VCUHS employee duties on project):**

**VCUHS Employee Role on Project:**

- Principal Investigator (PI)\*
   
  Other Project staff

**VCUHS Employee % Effort on Project:** \_\_\_\_\_

By signing\* below I hereby assign to Virginia Commonwealth University all rights, title, and interest in and to inventions that I conceive of or reduce to practice in the performance of this sponsored project.

**The % Effort above will be funded by:**

- VCU sponsored project
   
  VCUHS funded – 3<sup>rd</sup> party cost share  
 VCU cost share

\* Principal Investigator role for Resident/Housestaff or Hospital Employees:

- Residents/Housestaff may serve as PI on a VCU sponsored project when it is required by the sponsor. A mentor must be named internally as the VCU PI for administrative management purposes.
- Hospital Employees who request to serve as PI on a VCU sponsored project must obtain approval from VCUHS that includes an agreement that a part-time paid appointment at Virginia Commonwealth University be established if awarded. This will be a separate role from the VCUHS employment.

**VCUHS Approval certifies agreement for the VCUHS employee to participate in a VCU Sponsored Project as outlined above. If a Hospital Employee is requesting approval to serve as PI, it confirms VCUHS agreement that the VCUHS position is exempt, a VCU part-time appointment can be established if awarded, and the duties are outside of the scope of the VCUHS role. A [VCU PI Eligibility Exception Request](#) will also be required to serve as PI.**

### REQUIRED APPROVALS

Signature – VCUHS Employee/Resident *	Printed Name	Date
Signature – VCU Principal Investigator	Printed Name	Date
Signature – VCU Health System Supervisor	Printed Name	Date
Signature – VCU Health System Authorized Official	Printed Name	Date

<sup>1</sup> Resident/Housestaff VCUHS Authorized Official is Brian Aboff, Senior Associate Dean for Graduate Medical Education (gmeadmin@vcuhealth.org)  
<sup>2</sup> Hospital Employee VCUHS Authorized Official is Mary Harmon, PhD, Director of Clinical Research (mary.harmon@vcuhealth.org)  
<sup>3</sup> MCV personnel should consult SOM Office of Research Administration before proceeding (SOMRESADMIN@vcuhealth.org)