



Temporary Transfer of Biosafety Due to Sabbatical or Extended Leave

| To be completed by Research Services | | | |
|--------------------------------------|--|------------|--|
| Date Received in Research Services | | Revision # | |
| Date of Revision | | Revised By | |

A. Biosafety Approval Holder

The Biosafety Approval Holder will designate the following person as designated Biosafety Holder and will assume all the responsibilities for his/her Biosafety Approval.

| | | | |
|-----------------------------|--|-------------------------|----------|
| Full Name (Please Print) | | Current Completion Date | |
| Reason for Transfer | <input type="checkbox"/> Sabbatical <input type="checkbox"/> Extended Leave | Start Date | End Date |

I, the Biosafety Approval Holder, will designate the following person as designated Biosafety Holder and will assume all the responsibilities for his/her Biosafety Approval.

Principal Investigator (signature)

Date

B. Designated Biosafety Approval Holder

| | | | |
|-----------------------------|--|-------------------------|--|
| Full Name (Please Print) | | Current Completion Date | |
|-----------------------------|--|-------------------------|--|

I, as a Designated Biosafety Approval Holder, assume all the responsibilities while he/she (Biosafety Holder Approval) is away on sabbatical/extended leave in the mentioned period of time.

Designated Biosafety Approval Holder (signature)

Date