

# EXTENDED ABSENCE FORM FOR RESPONSIBLE INVESTIGATORS

Responsible Investigators who will be absent from the University for more than four weeks are required to either transfer their authorizations to 1) another Responsible Investigator, or 2) a qualified individual who meets the requirements on the reverse side of this form\*, or 3) completely shut down their laboratory operations with radioactive material.

I will be absent from the University from \_\_\_\_\_ until \_\_\_\_\_.

\* If the authorization is being transferred to a qualified individual who is not a current Responsible Investigator, use the Personnel Profile form available from Radiation Safety to cite training and experience.

*Please choose one of the three options below.*

- 1) " **During my absence, I will transfer my authorization(s) to use radioactive material to the following Responsible Investigator:**

\_\_\_\_\_

Signature of the designee below denotes acceptance of the responsibility for laboratory radiation safety of the transferred authorizations.

\_\_\_\_\_  
Print Name of Designee

\_\_\_\_\_  
Signature of Designee

\_\_\_\_\_  
Date

- 2) " **During my absence, I will transfer my authorization(s) to use radioactive material to the following qualified designee: (Attach a completed Personnel Profile form.)**

\_\_\_\_\_

Signature of the designee below denotes acceptance of the responsibility for laboratory radiation safety of the transferred authorizations.

\_\_\_\_\_  
Print Name of Designee

\_\_\_\_\_  
Signature of Designee

\_\_\_\_\_  
Date

- 3) " **I will completely shut down my laboratory operations with radioactive material during my absence.**

**Print name of Responsible Investigator** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Responsible Investigator**

\_\_\_\_\_  
**Date**

**Approved by:**

\_\_\_\_\_  
Radiation Safety Officer

\_\_\_\_\_  
Date