HASKINS LABORATORIES EMPLOYEE HANDBOOK

Please note that the Haskins Handbook is presently being extensively revised. Some of the information in the current document may be superseded by new policies and procedures. Current information about some of these policies and procedures can be found on the Haskins Website (www.haskins.yale.edu) in the "Employee Intranet" section (http://www.haskins.yale.edu/intranet.html) , under "Policies".

14th Edition (Under Revision by Philip Rubin & Joseph Cardone, Feb. 20, 2008)

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INTRODUCTION

The purpose of this handbook is to provide, in one convenient place, information about the Laboratories' procedures, practices and policies. Please note that the Haskins Laboratories Handbook is not an employee contract. Comments on this handbook and suggestions for additional information are invited.

Throughout this handbook there are frequent references to a variety of personnel categories, titles and committees. Because appointments to these positions and committees change over time, a separate sheet, identifying the appropriate names along with additional information, is updated periodically. This sheet is available from the Office Manager.

Please note that the Haskins Handbook is presently being extensively revised. Some of the information in the current document has been superseded by new policies and procedures. Information about some of these policies and procedures can be found on the Haskins Website (www.haskins.yale.edu) in the "Employee Intranet" section (http://www.haskins.yale.edu/intranet.html) , under "Policies".

Titles and Personnel

(Subject to Change)

Administrator (for purposes of this document only)	Susan Galli
Chief Executive Officer and Vice President[o]	Philip Rubin
Vice President of Finance and Administration[o]*	Joseph P. Cardone
Controller*	Betty J. DeLise
Director of Neuroimaging Research	Einar Mencl
Director of Technology and Planning	Richard Crane
Experiment Coordinator	Alice Faber
Financial Assistant*	Lisa Fresa*
Grievance Officer	Susan Galli
Librarian	Michelle Sinko
Manager of Engineering Services	Donald Hailey
Manager of Grants and Contracts	Susan Galli
Multimedia Specialist / Webmaster	Yvonne Manning-Jones
Office Manager*	Tammy Ursini
Overseer of Graduate Research Endeavors	Douglas H. Whalen
President and Director of Research[o]	Kenneth R. Pugh
Senior Advisor	Carol A. Fowler
Software Engineer	Michael D'Angelo
Secretary[o]	Arthur S. Abramson
Vice President of Research[o]	Douglas H. Whalen

* Business Office Staff
[o] Officer of the Laboratories

ORGANIZATIONAL CHART

Haskins Laboratories Organizational Chart

(as of February 20, 2008)

CORPORATE OFFICERS

President and Director of Research: Ken Pugh
Chief Executive Officer and VP: Philip Rubin
Vice President, Research: Douglas Whalen
Chief Financial Officer: Joseph Cardone
Secretary: Arthur S. Abramson

COMMITTEES

STEERING COMMITTEE
Ken Pugh (Chair)
Joseph Cardone
Betty DeLise
Carol Fowler
Susan Galli
Philip Rubin
Douglas Whalen
Rotating members:
Einar Mencl
Christine Shadle
Julie Van Dyke

TECHNICAL RESOURCES COMMITTEE
Richard Crane (Chair)
David Braze
Joseph Cardone
Michael D'Angelo
Alice Faber, Susan Galli
Donald Hailey
Yvonne Manning-Jones
Gerald McRoberts
Einar Mencl
Philip Rubin, Douglas Whalen

FINANCE / COMPENSATION COMMITTEE
Joseph Cardone (Chair)
Carol Fowler
Susan Galli
Vincent Gracco
Donald Hailey
Ken Pugh
Philip Rubin
Christine Shadle
Douglas Whalen

STRATEGIC PLANNING COMMITTEE
(To be announced)

RESEARCH

Research Administration
Ken Pugh (President & Director of Research)
Philip Rubin (CEO/VP)
Douglas Whalen (VP & Graduate Research Overseer - GRO)
Susan Galli (Mgr., Grants & Contracts)
Carol Fowler (Senior Advisor)

Research Community
Scientists
Research Affiliaties and Associates
Postdoctoral Fellows and Associates
Reading Mentors
Students

OPERATIONS

INFORMATION TECHNOLOGY
Philip Rubin (CEO/VP)
Richard Crane (Director of Technology & Planning)
Donald Hailey (Manager of Engineering Services)
Michael D'Angelo (Software Engineer)
Alice Faber (Experiment Coordinator)
Yvonne Manning-Jones (web & multi-media)

FACILITIES/ENGINEERING
Philip Rubin (CEO/VP)
Donald Hailey (Mgr. Eng.)
Joseph Cardone (CFO)
Richard Crane (DTP)
Susan Galli (space allocation)
Michelle Sinko (Librarian)

FINANCE/OFFICE
Joseph Cardone (CFO)
Betty DeLise (Controller)
Lisa Fresa (Financial Asst.)
Tammy Ursini (Office Manager)

Committees and Members

Steering Committee

(As of Feb. 20, 2008)

Ken Pugh, President (chair)
Joseph Cardone, Chief Financial Officer
Betty DeLise, Controller
Carol Fowler, Senior Scientist
Susan Galli, Manager of Grants and Contracts
Philip Rubin, Chief Executive Officer
Douglas Whalen, Vice President of Research
Rotating members:
Einar Mencl, Senior Scientist
Christine Shadle, Senior Scientist
Julie Van Dyke, Senior Scientist

Technical Resources Committee (TRC)

(As of Feb. 20, 2008)

Richard Crane (chair)
David Braze
Joseph Cardone
Michael D'Angelo
Alice Faber
Susan Galli
Donald Hailey
Yvonne Manning-Jones
Gerald McRoberts
Einar Mencl
Philip Rubin
Douglas Whalen

GENERAL ASSURANCES, POLICIES AND PROCEDURES

Americans with Disabilities Act

Under the Americans with Disabilities Act (ADA) an individual with a disability is a person who has "a physical or mental impairment that substantially limits one or more major life activities, or has a record of such impairment, or is regarded as having such impairment." The Act prohibits employment discrimination against *qualified individuals with disabilities*. An employer must make a reasonable accommodation to the known physical or mental limitations of a qualified applicant or employee with a disability unless it can show that the accommodation would cause an undue hardship on the operation of the business. Further details about employee rights under the ADA may be obtained from the Business Office or by writing to the U.S. Equal Employment Opportunity Commission, 1801 L Street NW, Washington, D.C. 20507. Telephone 1-800-EEOC.

Drug-Free Workplace

It is the policy of Haskins Laboratories to prohibit the manufacture, distribution, dispensing, possession or use of controlled substances (unlawful drugs) by employees or guests while present on the Laboratories' premises. It is made a condition of employment binding on all employees that they will: a) abide by the terms of the above policy statement; and b) notify the Laboratories of any drug statute conviction for a violation occurring in the workplace no later than five days after each conviction.

Equal Opportunity Employment

It is the policy of Haskins Laboratories to maintain and promote equal employment opportunity. The Laboratories will select candidates for employment on the basis of the candidate's qualifications for the job, and will consider them with respect to compensation and opportunity for training and advancement, including upgrading and promotion, without regard to age, sex, race, color, religion, national origin, handicap, marital status, sexual orientation or status as a Vietnam era or disabled veteran. Equality in such opportunities continues to be the basic policy of the Laboratories. All personnel responsible for hiring and/or supervision of staff members will be guided by this policy.

Conflict of Interest Policy

Policy on Conflicts of Interest and
Conflicts of Commitment of Staff Members

I. Introduction

Haskins Laboratories (the "Laboratory") is committed to conducting research, and disseminating knowledge, all with the highest standards of integrity. This policy addresses conflicts of interest and commitment that may arise from research and non-research activities of the Laboratory and its staff members.

In general, conflicts of interest may arise from a staff member's opportunity to benefit financially from his or her or others' activities at the Laboratory. Conflicts of commitment may arise from a staff member's involvement in outside professional activities that benefit society and the Laboratory — they should be guided by the principle that staff member's overriding obligations are to the Laboratory and to its mission. Furthermore, while the Laboratory recognizes the benefit of such activities, it also is committed to ensuring that they are conducted properly and consistently, in accordance with the responsible management and policies of the Laboratory.

In pursuit of its own mission, and consistent with these principles, the Laboratory has formulated the following policy to identify and address actual, apparent, and potential conflicts of interest and commitment. (***Note that the appearance of a conflict is often times as important as the reality***.) The fundamental premise of this policy is that each member of the Laboratory community has an obligation to act in the best interest of the Laboratory and in furtherance of the Laboratory's mission, and must not let outside activities or outside financial interests interfere with those obligations. This policy is intended to increase the awareness of staff members to the potential for conflicts of interest and commitment, and to establish procedures whereby such conflicts may be avoided or properly managed.

II. Definitions

"Conflict of Interest" means an external influence that might adversely affect the conduct of a staff member's activities or the Laboratory's operations.

"Conflict of Commitment" means a relationship that requires a commitment to outside activities such that a staff member, either implicitly or directly, cannot meet his or her usual obligations to the Laboratory.

"Significant Financial Interest" means anything of monetary value, including but not limited to, salary or other payments for services (e.g., consulting fee or honorarium); equity interest (e.g., stocks, stock options or other ownership interest); and intellectual property rights (e.g., patents, copyrights and royalties from such rights). The term does not include:

(1) Salary, royalties, or other remuneration from the Laboratory;
(2) Income from seminars, lectures, or teaching engagements sponsored by public or nonprofit entities;
(3) Income from services on advisory committees or review panels for public or nonprofit entities.

III. Reporting and Review Procedures

A. Disclosure

The responsibility for avoiding conflicts of interest or commitment rests, initially, with the staff member. An essential step in addressing an actual, apparent, or potential conflict of interest or commitment is for the staff member involved to make full disclosure of relevant information to the President or CEO of the Laboratory. As described in greater detail below, certain staff members are required to make regular, annual written disclosures, with updates as needed; others need only disclose on an ad hoc basis. When a disclosure is received, the President or CEO will review it and determine what should be done to avoid or manage any conflict appropriately.

1. Required Annual Disclosures

All scientific staff who work at the Laboratory more than 50% of the time; all Laboratory staff who hold administrative positions and/or are responsible for the purchasing of major equipment; and all Laboratory staff who are responsible for the design, conduct or reporting of research are required annually to submit a conflict of interest/conflict of commitment disclosure describing their external activities and Significant Financial Interest. Annual disclosures must be in writing, on the forms approved by the Laboratory. Every staff member who is subject to the disclosure requirements of this section shall submit his or her disclosure to the President or CEO. When the disclosing individual is the President or CEO of the Laboratory, he or she shall submit the form to the Chairman of the Board of Directors.

2. Required Disclosures Other Than in Annual Disclosure Process

(a) Material Change from Annual Disclosure. Whenever Significant Financial Interest, external activities, or internal responsibilities change materially from those described in the annual disclosure, the disclosure is to be updated as soon as possible, in

writing. Whenever possible, individuals should attempt to disclose expected changes or newly anticipated conflicts before they occur, and seek advice from the President or CEO on the restrictions that may result from any anticipated new Significant Financial Interest, before accepting such a Significant Financial Interest. Whenever an application for funding of a new research project is submitted, the Investigator must ensure that his or her disclosure is current.

(b) Ad hoc Disclosures by Those Not Required to File Annually. Non-scientific staff and students are not required to submit annual disclosure forms unless they are responsible for the design, conduct, or reporting of research. They are required, however, on an ad hoc basis, to disclose their external activities and Significant Financial Interest to the extent such activities and Significant Financial Interest relate generally to Laboratory research (including, for example, the use of research facilities and involvement of students in research sponsored by a start-up company), laboratory financial decisions, and other matters whenever they arise.

The confidentiality of all disclosures will be respected to the greatest extent possible. In particular, the information on the forms will not be shared except with those who have a need to know.

B. **Review of Disclosures**

1. *Review*

The President or CEO will review all disclosures. If necessary, the President or CEO will discuss disclosure-related matters with the individual involved and may also consult with others who may have relevant information, including legal counsel. The individual is entitled to meet with the President or CEO if he or she desires. Consistent with the guidelines set forth below, the President or CEO will determine whether an apparent, actual, or potential conflict of interest or commitment exists and, if so, by what means – such as the individual's abstention from the external activity, modification of the activity, and/or monitoring of the activity by a subcommittee – the conflict should be avoided or managed.

(a) *Conflict of Interest*: If the President or CEO determines that a conflict exists, he or she will communicate this determination and the means he or she has identified for eliminating or managing the conflict, in writing, to the individual. With respect to financial conflicts of interest, this plan could, among other possibilities, (a) authorize the individual to participate, with oversight, in a matter as to which the conflict exists, or (b) instruct the individual not to participate in the decision or other matter relating to the conflict. If the President or CEO prescribes monitoring of the activity, he or she will describe specifically how the monitoring shall be performed and what records are to be kept. One of the factors the President or CEO will consider in determining whether a conflict of interest exists is whether the staff member's external interest might adversely affect the conduct of a staff member's activities or the Laboratory's operations. Furthermore, a conflict of interest exists if the President or CEO reasonably determines

that a Significant Financial Interest could directly or significantly affect the design, conduct, or reporting of research at the Laboratory.

(b) *Conflict of Commitment*: If the President or CEO determines that a conflict exists, he or she will communicate this determination and the means he or she has identified for eliminating or managing the conflict, in writing, to the individual. If the President or CEO prescribes monitoring of the activity, he or she will describe specifically how the monitoring shall be performed and what records are to be kept. Among the factors the President or CEO may consider in determining whether a conflict of commitment exists include: (i) whether the staff member's outside commitments are such that he or she, either implicitly or directly, cannot meet his or her usual obligations to the Laboratory; and (ii) whether the relationship with an outside organization requires frequent or prolonged absence from the Laboratory (generally defined as involving, on the average, absences of more than one (1) day per work week).

2. *Appeal*

If the staff member is not satisfied with the decision of the President or CEO the individual may request that the matter be referred to the Chairman of the Board of Directors for a decision. Any matter referred to the Chairman of the Board of Directors shall be accompanied by a written statement of the findings and recommendations of the President or CEO with copy to the individual. The Chairman of the Board will notify the individual, and the President or CEO of his or her decision, ordinarily within three weeks after receiving the report.

3. *Review by the Chairman of the Board*

The Chairman of the Board will review disclosures by the President or CEO and determine whether an actual, apparent, or potential conflict of interest or commitment exists and how that conflict will be managed or eliminated.

IV. Protection of Human Subjects

Research involving human subjects is subject to a strong presumption against permitting the participation of any staff member holding a related Significant Financial Interest. All members of the Laboratory should be sensitive to the potential effects of financial interests and/or non-financial relationships with commercial sponsors or other external entities on the conduct of research and the participation and protection of human research subjects. In compliance with federal regulations and guidance, the President or CEO will consider such relationships and determine whether they might influence or appear to influence (a) the outcome of a research project involving human subjects; (b) the objectivity of the staff member during the performance of such a project: or (c) the staff member's interactions with research subjects who participate in the project.

V. Compliance

If a staff member fails to comply with this Policy, the Laboratory may take appropriate disciplinary action, including termination of the staff member's employment, if appropriate.

VI. Record Retention

The Laboratory will maintain all financial disclosures submitted by staff members and all actions taken by the Laboratory for at least three years from the date of submission of the final expenditure report or, in the case of awards that are renewed quarterly or annually, from the date of the submission of the quarterly or annual financial report and, in all other cases, for at least three years from the date of submission of the disclosure.

If any litigation, claim, financial management review, or audit is started before the expiration of the three-year period, the records shall be retained until all litigation, claims, or audit finding involving the records have been resolved and final action taken.

VII. Contact Information

For further information regarding this Policy, please contact the CEO of the Laboratory at (203) 865-6163, ext. 222.

Grievance Procedure

Haskins Laboratories Grievance Procedure

The Haskins Laboratories Grievance Procedure identifies the necessary steps for handling disputes that have not been resolved through the normal process of reasoned discussion. The grievance process is intended to define clearly the matters that are at issue; to assure the staff member that his/her complaint or problem has been presented to and considered by appropriate Laboratories officials; and to assure the Haskins community that decisions affecting staff members' work relationships in the Laboratories are fully considered.

Any staff member who has a grievance with respect to appointment, promotion, salary, assignment of duties, academic freedom or working conditions and who has been unable to resolve the matter with his/her supervisor, or with the project leader/principal investigator of a grant supporting his/her work, or an officer of the Laboratories, can bring this matter to the attention of the Laboratories' Grievance Officer or any other Haskins officer. The Grievance Officer or Laboratories officer will determine (possibly in consultation with other Laboratories' management) if the allegations are related to scientific misconduct or unlawful discrimination or harassment, in which case other specific policies will be applied. All allegations of unlawful discrimination or harassment are to be handled under the Laboratories policy regarding "Sexual Harassment". All allegations of misconduct in scholarship and research are to be handled under "Haskins Laboratories' Policies and Procedures on Research Misconduct". The Grievance Officer or other Haskins officer, within seven (7) days after receiving the complaint, will inform the staff member under which policy or procedure the complaint should be addressed and how to proceed. If the allegation falls under the Grievance Procedure, then the staff member will provide a written summary of the grievance to the Chief Executive Officer or to the President, if the grievance is against the action of the Chief Executive Officer or if the Chief Executive Officer for any other reason is unable to consider the grievance. If a resolution acceptable to the staff member is not thereby effected, or if the staff member has not received a response from the Chief Executive Officer or President within thirty days after having submitted his/her written grievance, the staff member may petition to the Grievance Officer for formal consideration of the grievance. A petition will set forth in detail the nature of the grievance and will state against whom the grievance is directed. It will contain any data that the petitioner deems pertinent to the case. The individual or individuals against whom the grievance is being alleged will also be asked to provide a written response to the grievance.

A Grievance Panel (consisting of between one and three senior staff members named by the President or their designate, or by the Chief Executive Officer or their designate if the grievance is against the President), will decide whether the grievance merits further investigation. The submission of a petition will not automatically result in an investigation or detailed consideration of the grievance. If the Panel determines that a further investigation is not warranted, it will report that finding and/or recommendation of any appropriate actions to the grievant within thirty (30) days of receipt of the grievance. If the Panel determines that further action is warranted, it

will be provided with all relevant information and will seek to bring about a settlement of the issue. If, in the opinion of the Panel, such a settlement is not possible, the Panel, within sixty (60) days of receipt of the grievance, will report its findings and recommendations to the Chief Executive Officer (or President) and the parties involved in the grievance. If the Panel determines that the Chief Executive Officer (or President) should take some action to redress the grievance, the Chief Executive Officer (or President) will, within thirty days, accept the Panel's recommendation(s) or state reasons in writing for rejecting the Panel's recommendation(s) and convey this to the parties involved in the grievance, or will indicate in writing why a decision is delayed and when a resolution should be expected. The final resolution of a grievance will be decided by the President, or the Chief Executive Officer if the grievance is against the President, or their designates.

Research Misconduct

Haskins Laboratories Policies and Procedures on Research Misconduct

Haskins Laboratories is committed to the very highest standards of scientific scholarship and ethical behavior in all aspects of the research it sponsors The research enterprise is dependent upon sustained confidence on the part of the scientific community and the public at large in the integrity of the scientific process. Unethical behavior breaches the bond of trust between scientists that is essential to the advancement of knowledge and also threatens the confidence that the public has in the reliability of that knowledge. For these reasons, Haskins Laboratories considers research misconduct to be a betrayal of fundamental scientific principles and will deal with all instances of possible misconduct, as specified by the federal regulations codified at 42 CFR Part 93, with the utmost thoroughness. (*Note*: The new federal Public Health Service (PHS) final rule on research misconduct is published at 70 *Federal Register (FR)* 28370 (May 17, 2005) (subsequently to be codified at 42 CFR Part 93) and became effective on June 16, 2005. The rule is also posted on the Office of Research Integrity (ORI) home page at http://ori.dhhs.gov/ and on the Haskins website in the "Policies" section of the "Employee Intranet (http://www.haskins.yale.edu/intranet.html).)

Definition of Research Misconduct

Research misconduct means fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results.
(a) Fabrication is making up data or results and recording or reporting them.
(b) Falsification is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.
(c) Plagiarism is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit.
(d) Research misconduct does not include honest error or differences of opinion.

Confidentiality

To the extent allowed by law, we will maintain the identity of respondents and complainants securely and confidentially and shall not disclose any identifying information, except to:
(1) those who need to know in order to carry out a thorough, competent, objective and fair research misconduct proceeding; and (2) ORI as it conducts its review of the research misconduct proceeding and any subsequent proceedings.

To the extent allowed by law, any information obtained during the research misconduct proceeding that might identify the subjects of research shall be maintained securely and confidentially and will not be disclosed, except to those who need to know in order to carry out the research misconduct proceeding.

Research Misconduct Proceedings–Criteria, Reports, and Time Limitations

Promptly after receiving an allegation of research misconduct, defined as a disclosure of possible research misconduct through any means of communication, we will assess the allegation to determine if: (1) it meets the definition of research misconduct in 42 CFR Section 93.103; (2) it involves either the PHS supported research, applications for PHS research support, or research records specified in 42 CFR Section 93.102(b); and, (3) the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

If it is determined that an inquiry (i.e., an initial review of the evidence to determine if the criteria for conducting an investigation have been met) is warranted, we will complete the inquiry, including preparation of the inquiry report and giving the respondent a reasonable opportunity to comment on it, within 60 calendar days of its initiation, unless the circumstances warrant a longer period. If the inquiry takes longer than 60 days to complete, we will include documentation of the reasons for the delay in the inquiry record. The inquiry report will contain the following information: (1) the name and employment position of the respondent(s); (2) a description of the allegations of research misconduct; (3) the PHS support involved, including, for example, grant numbers, grant applications, contracts, and publications listing PHS support; (4) the basis for recommending that the alleged actions warrant an investigation; and (5) any comments on the report by the respondent or the complainant.

The Chief Executive Officer or his/her designate will make a written determination of whether an investigation is warranted. If the inquiry results in a determination that an investigation is warranted, we will begin the investigation within 30 calendar days of that determination and, on or before the date on which the investigation begins, send the inquiry report and the written determination to the ORI. We will use our best efforts to complete the investigation within 120 calendar days of the date on which it began, including conducting the investigation, preparing the report of findings, providing the draft report for comment, and sending the final report to ORI. If it becomes apparent that we cannot complete the investigation within that period, we will promptly request an extension in writing from ORI. This time period does not apply to separate termination hearings.

In conducting all investigations, we will: (1) use diligent efforts to ensure that the investigation is thorough and sufficiently documented and includes examination of all research records and evidence relevant to reaching a decision on the merits of the allegations; (2) interview each respondent, complainant, and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation, including witnesses identified by the respondent, and record or transcribe each interview, provide the recording or transcript to the interviewee for correction, and include the recording or transcript in the record of investigation; (3) pursue diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence of additional instances of possible research misconduct, and continue the investigation to completion; and (4) otherwise comply with the requirements for conducting an investigation in 42 CFR Section 93.310.

We will prepare the draft and final institutional investigation reports in writing and provide the draft report for comment as provided elsewhere in these policies and procedures and 42 CFR Section 93.312. The final investigation report will:

(1) describe the nature of the allegations of research misconduct;
(2) describe and document the PHS support, including, for example any grant numbers, grant applications, contracts, and publications listing PHS support;
(3) describe the specific allegations of research misconduct considered in the investigation;
(4) include the institutional policies and procedures under which the investigation was conducted, if not already provided to ORI;
(5) identify and summarize the research records and evidence reviewed, and identify any evidence taken into custody, but not reviewed. The report should also describe any relevant records and evidence not taken into custody and explain why.
(6) provide a finding as to whether research misconduct did or did not occur for each separate allegation of research misconduct identified during the investigation, and if misconduct was found, (i) identify it as falsification, fabrication, or plagiarism and whether it was intentional, knowing, or in reckless disregard, (ii) summarize the facts and the analysis supporting the conclusion and consider the merits of any reasonable explanation by the respondent and any evidence that rebuts the respondent's explanations, (iii) identify the specific PHS support; (iv) identify any publications that need correction or retraction; (v) identify the person(s) responsible for the misconduct, and (vi) list any current support or known applications or proposals for support that the respondent(s) has pending with non-PHS Federal agencies; and
(7) include and consider any comments made by the respondent and complainant on the draft investigation report.

We will maintain and provide to ORI upon request all relevant research records and records of our research misconduct proceeding, including results of all interviews and the transcripts or recordings of such interviews.

Ensuring a Fair Research Misconduct Proceeding

We will take all reasonable steps to ensure an impartial and unbiased research misconduct proceeding to the maximum extent practicable. We will select those conducting the inquiry or investigation on the basis of scientific expertise that is pertinent to the matter and, prior to selection, we will screen them for any unresolved personal, professional, or financial conflicts of interest with the respondent, complainant, potential witnesses, or others involved in the matter. Any such conflict that would be considered to demonstrate potential bias will disqualify the individual from selection.

Notice to Respondent

During the research misconduct proceeding, we will provide the following notifications to all identified respondents:

Initiation of Inquiry. Before or at the beginning of the inquiry, we will provide the respondent(s) written notification of the inquiry and contemporaneously sequester all research records and other evidence needed to conduct the research misconduct proceeding. If the inquiry subsequently identifies additional respondents, they will be promptly notified in writing.

Comment on Inquiry Report. We will provide the respondent(s) an opportunity to comment on the inquiry report in a timely fashion so that any comments can be attached to the report.

Results of the Inquiry. We will notify the respondent(s) of the results of the inquiry and attach to the notification copies of the inquiry report and these institutional policies and procedures for the handling of research misconduct allegations.

Initiation of Investigation. Within a reasonable time after our determination that an investigation is warranted, but not later than 30 calendar days after that determination, we will notify the respondent(s) in writing of the allegations to be investigated. We will give respondent(s) written notice of any new allegations within a reasonable time after determining to pursue allegations not addressed in the inquiry or in the initial notice of the investigation.

Scheduling of Interview. We will notify the respondent sufficiently in advance of the scheduling of his/her interview in the investigation so that the respondent can prepare for the interview and arrange for the attendance of legal counsel, if the respondent wishes.

Comment on Draft Investigation Report. We will give the respondent(s) a copy of the draft investigation report, and concurrently, a copy of, or supervised access to, the evidence on which the report is based and notify the respondent(s) that any comments must be submitted within 30 days of the date on which he/she received the draft report. We will ensure that these comments are included and considered in the final investigation report.

Notifying ORI of the Decision to Open an Investigation and of Institutional Findings and Actions Following the Investigation.

On or before the date on which the investigation begins (the investigation must begin within 30 calendar days of our finding that an investigation is warranted), we will provide ORI with the written finding by the Chief Executive Officer or his/her designate and a copy of the inquiry report containing the information required by 42 CFR Section 93.309(a). Upon a request from ORI we will promptly send them: (1) a copy of our institutional policies and procedures under which the inquiry was conducted; (2) the research records and evidence reviewed, transcripts or recordings of any interviews, and copies of all relevant documents; and (3) the charges for the investigation to consider.

We will promptly provide to ORI after the investigation: (1) a copy of the investigation report, all attachments, and any appeals; (2) a statement of whether the institution found research misconduct and, if so, who committed it; (3) a statement of whether the institution accepts the findings in the investigation report; and (4) a description of any pending or completed administrative actions against the respondent.

Maintenance and Custody of Research Records and Evidence

We will take the following specific steps to obtain, secure, and maintain the research records and evidence pertinent to the research misconduct proceeding:

(1) Either before or when we notify the respondent of the allegation, we will promptly take all reasonable and practical steps to obtain custody of all research records and evidence needed to conduct the research misconduct proceeding, inventory those materials, and sequester them in a secure manner, except in those cases in which the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, as long as those copies are substantially equivalent to the evidentiary value of the instruments.

(2) Where appropriate, give the respondent copies, or offer reasonable, supervised access to the research records.

(3) Undertake all reasonable and practical efforts to take custody of additional research records and evidence discovered during the course of the research misconduct proceeding, including at the inquiry and investigation stages, or if new allegations arise, subject to the exception for scientific instruments in (1) above.

(4) We will maintain all records of the research misconduct proceeding, as defined in 42 CFR Section 93.317(a), for 7 years after completion of the proceeding, or any ORI or HHS proceeding under Subparts D and E of 42 CFR Part 93, whichever is later, unless we have transferred custody of the records and evidence to HHS, or ORI has advised us that we no longer need to retain the records.

Interim Protective Actions

At any time during a research misconduct proceeding, we will take appropriate interim actions to protect public health, federal funds and equipment, and the integrity of the PHS supported research process. The necessary actions will vary according to the circumstances of each case, but examples of actions that may be necessary include delaying the publication of research results, providing for closer supervision of one or more researchers, requiring approvals for actions relating to the research that did not previously require approval, auditing pertinent records, or taking steps to contact other institutions that may be affected by an allegation of research misconduct.

Notifying ORI of Special Circumstances that may Require Protective Actions

At any time during a research misconduct proceeding we will notify ORI immediately if we have reason to believe that any of the following conditions exist:

(1) Health or safety of the public is at risk, including an immediate need to protect human subjects.
(2) HHS resources or interests are threatened.
(3) Research activities should be suspended.

(4) There is a reasonable indication of violations of civil or criminal law.
(5) Federal action is required to protect the interests of those involved in the research misconduct proceeding.
(6) We believe the research misconduct proceeding may be made public prematurely, so that HHS may take appropriate steps to safeguard evidence and protect the rights of those involved.
(7) We believe the research community or public should be informed.

Institutional Actions in Response to Final Findings of Research Misconduct

We will cooperate with and assist ORI and HHS, as needed, to carry out any administrative actions that HHS may impose as a result of a final finding of research misconduct by HHS.

Restoring Reputations

Respondents. We will undertake all reasonable, practical, and appropriate efforts to protect and restore the reputation of any person alleged to have engaged in research misconduct, but against whom no finding of research misconduct was made, if that person or his/her legal counsel or other authorized representative requests that we do so.

Complainants, Witnesses, and Committee Members. We will undertake all reasonable and practical efforts to protect and restore the position and reputation of any complainant, witness, or committee member and to counter potential or actual retaliation against those complainants, witnesses and committee members.

Cooperation with ORI.

We will cooperate fully and on a continuing basis with ORI during its oversight reviews of this institution and its research misconduct proceedings and during the process under which the respondent may contest ORI findings of research misconduct and proposed HHS administrative actions. This includes providing, as necessary to develop a complete record of relevant evidence, all witnesses, research records, and other evidence under our control or custody, or in the possession of, or accessible to, all persons that are subject to our authority.

Reporting to ORI.

We will report to ORI any proposed settlements, admissions of research misconduct, or institutional findings of misconduct that arise at any stage of a misconduct proceeding, including the allegation and inquiry stages.

Sexual Harassment Policy

Sexual harassment is an affront to human dignity and fundamentally at odds with the values of Haskins Laboratories. Because the Laboratories is committed to maintaining a community that is free from sexual harassment, it will not tolerate any member of that community sexually harassing another. Sexual harassment is illegal and is prohibited by the Connecticut Discriminatory Employment Practices Act and Title VII of the Civil Rights Act of 1964.

Sexual harassment means any unwelcome sexual advances or requests for sexual favors or any conduct of a sexual nature when:

(1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
(2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting that individual, or
(3) such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

Examples of sexual harassment include: unwelcome sexual advances; suggestive or lewd remarks; sexual jokes; unwanted hugs, touches or kisses; requests for sexual favors; unwelcome sexual gifts; retaliation for complaining about sexual harassment; display of sexually oriented objects, photographs, posters, pictures or cartoons.

Reporting and resolving grievances

Staff and students should report incidents of sexual harassment. Anyone who considers her- or himself the victim of sexual harassment should take immediate steps to end the behavior. Persons found to have engaged in sexual harassment will be subject to disciplinary action.

Multiple methods are available for reporting sexual harassment. The Laboratories has appointed a Grievance Officer for helping to resolve such matters. The name of the Grievance Officer can be found on the bulletin board near the administrative offices and on the Haskins website Grievances can also be reported to any Haskins Laboratories' officer or to the employee's/student's supervisor. Individuals may also contact the Connecticut Commission on Human Rights and Opportunities, 90 Washington Street, Hartford, CT 06106 (telephone: 203-566-3350; TTD #: 203-566-2301).

The Laboratories will immediately begin an investigation and will make all reasonable efforts to resolve the issue within one week of receiving the complaint. Within two weeks of receiving the complaint the Grievance Officer or other designated Haskins officer will either provide an outline of the settlement reached or indicate that no basis for the settlement has been found. If this procedure fails to reach a settlement, the issue will be placed before the Laboratories' Steering Committee for final adjudication.

If an individual has been determined to be in violation of Haskins Laboratories' sexual

harassment policy, consequences may include: cease and desist orders, compensatory damages, and employment decisions up to and including suspension and/or termination. Individuals who engage in acts of sexual harassment may also be subject to civil and criminal penalties.

Retaliation is prohibited

Any person who retaliates against an individual who reports sexual harassment or files a sexual harassment complaint, is subject to disciplinary action up to and including termination. If any employee feels that he or she has suffered from reprisal in any form, this should be reported to the Grievance Officer, or any officer of the Laboratories, or to the employee's supervisor, who will make sure that the matter is investigated.

Confidentiality

Confidentiality, to the extent permitted by law, will be observed to protect the identity and rights of individuals who complain of sexual harassment and of the person against whom the complaint is being made, provided that protection does not interfere with the Laboratories' ability to investigate and take corrective action. In many instances, the Grievance Officer or other officers of the Laboratories will be able to address concern(s) and stop the behavior without revealing the complainant's identity to the alleged harasser. Every effort will be made to protect the individual bringing forth the complaint and to respond to her or his concerns.

Amendments to procedures for addressing sexual harassment

The Laboratories may modify or amend these procedures at any time. In the event the Laboratories determines that circumstances warrant modification / amendment of these procedures, timely notice of the changes(s) will be provided, in writing, to relevant parties. The revised procedures will also be posted on the Haskins Laboratories website.

OTHER POLICIES, PROCEDURES AND INFORMATION

Absence Notification

Employees who plan on being absent from the Laboratories for any reason are responsible for by leaving a message, by 10.00 a.m., on the extension 399 mailbox.

Desk and Space Assignments

Desk and space allocation at the Laboratories presents a number of challenges because of our limited space, coupled with high demand for these resources. The Administrator handles all requests for desk and storage space. A number of factors are considered including whether or not the employee is full or part-time, whether or not they are paid, seniority, the length of time since they made their request, location-related factors, etc. Issues that cannot be resolved by the Administrator should be brought to the attention of the Chief Executive Officer.

Emergency Information

The Laboratories facilities are equipped with a fire alarm system and fire extinguishers, and all staff and visitors are expected to make themselves familiar with their locations. Exit maps are located throughout the facilities and random fire drills are scheduled by the building's management (Winstanley Enterprises, LLC). The exit signs have arrows that indicate the nearest door in your area that should be used as an escape route in the event of a fire and an alternate escape route. The Laboratories are also equipped with several emergency lighting fixtures that are activated when a total power failure occurs. In case of fire, please leave the building as rapidly as possible and do not use the elevators. Members of the administrative and technical staff will make sure that all rooms are vacated in their respective areas. If you have special needs, please contact the Manager of Engineering Services so that we can make sure that our emergency plans are adequate.

If a fire should occur, the following steps should be taken. (1) Call 911 and notify the city fire department. (2) If the alarm has not been activated automatically, and if you can do so without jeopardy, activate the alarm manually. (3) Vacate the building as soon as possible -- do not use the elevators. (4) Inform a member of the management staff about the fire.

Electronic Mail

The Laboratories provide access to the Internet through a connection with a network at Yale University. All email sent or received using Haskins Laboratories email services is the property of Haskins Laboratories and subject to the Laboratories' rule, regulations and procedures.

Equipment Loans

No equipment should be removed from the Laboratories without first informing the Manager of Engineering Services (computing, research, and audio-visual equipment, workshop tools, etc.). Persons who borrow equipment for personal use are responsible for returning such equipment in working order and are responsible for replacing lost or stolen equipment.

Hours of Employment

The standard workday for full-time employees is 7 hours with one hour for lunch. Non-standard schedules are arranged on an individual basis only with the agreement of the employee's supervisor.

Keys

Any Laboratories staff member who needs keyed access to our offices should contact the Director of Technology and Planning to get an access card or fob. All key holders are required to inform a member of the Business Office staff immediately if an access card/fob is lost or stolen.

Outside Employment

Full-time employees of the Laboratories are free to accept additional employment if the working hours of their secondary employment do not conflict with the requirements of their Haskins position and do not adversely affect their job performance in the Laboratories.

Parking

Full-time employees are entitled to parking spaces that the Laboratories provides in neighboring garages or parking lots. The Laboratories also rents a limited number of parking spaces for the cars of other part-time employees. Details of parking availability may be obtained from a member of the Business Office staff.

Petty Cash

Check with the Business Office regarding current petty cash policies.

Snow Days

The Laboratories adheres to the same guidelines for closing and delays due to inclement weather as the New Haven Public Schools, but only regarding weather conditions that may result in hazardous driving to and from work. Closing of schools under any other conditions does not apply to employees of the Laboratories. Please listen to WPLR 99.1 FM, WKCI 101.3 FM, or WELI 960 AM for announcements.

Smoking

Smoking is not permitted anywhere in the Laboratories.

Travel Policy

Travel reimbursements cover the actual costs of transportation, lodging, registration fees and other necessary expenses. Estimates of all costs need to be approved in writing by the principal investigator of the grant to be charged, and submitted to the Business Office as early as possible. Employees must complete a request for travel before any travel arrangements can be made. Check with the Business Office regarding current meal allowances. Travel by private car is reimbursed at the current federal per mile rate. Airline arrangements are made by the employee and charged to a personal credit card. Reimbursement will be made upon presentation of a credit card statement. A copy of the employee's itinerary must be provided to the Business Office.

Due to NIH restrictions, a member of the Business Office staff must be consulted BEFORE making any foreign travel airline arrangements.

Tuition Policy

To encourage and assist in job-related professional development, we offer full-time employees, who have been employed by the Laboratories for at least one year, reimbursement for up to two courses per calendar year. These courses may count toward an Associates, Bachelors or Masters degree when such a degree would enhance the employee's job performance at the Laboratories. However, reimbursement for course work is not contingent on the employee working toward a degree; any coursework (up to the limit of two per calendar year) that is likely to enhance job performance at the Laboratories may be reimbursed. Payment for course work requires approval by the President and the employee's immediate supervisor before the course begins and depends upon availability of funding and demands on the employee's work schedule.

Visitors

All members of the staff should have their visitors sign the guest book as they enter the Laboratories.

Yale Identification Cards

Members of the Laboratories' staff may be able to obtain Yale University photo identification cards. Individuals who hold the degree of Ph.D. and who need access to Yale facilities, must obtain their cards through appointments made by Yale departments, or to Associate Fellowships in one of Yale's Residential Colleges. Other members of the staff and graduate students who wish to obtain access to Yale library, athletic, transportation or other facilities may be eligible to receive a Yale Associate Card. Please see a member of the Business Office staff for details

PAYROLL POLICIES AND PROCEDURES

Flexible Benefit Plan

Under the terms of this plan, eligible full-time employees can elect to have their gross salaries reduced by the estimated cost of their medical and/or child care costs for a given year. They then receive reimbursements of those expenses as they are incurred up to the total amount of the reduction. The plan provides savings to participants because salary is taxed at the reduced amount. Full details of the plan are available from the Controller.

Paydays

Salaried employees are paid twice per month (on the 15th and last day of the month). Checks are distributed on the appointed day, or if that day should be a holiday or weekend, on the last working day preceding it. Direct deposit payments made to employees' designated bank accounts become available on the same days as the checks are distributed.

Personal Data

It is important that the Laboratories' personnel records for all employees be kept accurate and current. Changes in name, address, telephone number, emergency phone number, marital status, number of dependents, beneficiaries, tax withholding information and the license numbers of any motor vehicles that you plan to park in one of the parking lots that we use should be reported to a member of the Business Office staff.

Reviews and Merit Increases

Salaries are reviewed annually by the Compensation Committee in conjunction with possible cost-of-living adjustments. Merit increases are usually reviewed at the same time, but may be awarded at any time of the year.

Salary Advances

Salary advances of $500 or more must be approved by the CEO, CFO or President.

Timesheets

All paid employees are required to prepare timesheets on a bi-weekly basis. Forms can be found in the "Employee" section of our website (www.haskins.yale.edu) or can be obtained from the Business Office. Each report must be completed by the employee, signed in ink, approved and signed by the employee's supervisor, and then filed with the Business Office.

INSURANCE AND RETIREMENT BENEFITS

Disability Insurance

Haskins Laboratories provides disability benefits for all regular employees who hold three-quarter-time or longer appointments and for whom Haskins Laboratories. is the primary employer. The Laboratories pay 100% of the premium. The benefit follows a graduated scale depending on the length of service.

1. Less than 6 months' service: 2 weeks at full pay followed by two weeks at half pay. The Laboratories' Director will have the discretion to terminate employment after a further one-month absence without pay.

2. Six months' service or more: During periods of disability due to pregnancy, childbirth, sickness or injury, the employee receives up to 8 weeks full pay followed by 5 weeks at 75% of full pay. Salary payments extending beyond the first two weeks are conditional upon the Laboratories receiving, within 15 days of the employee's initial absence, a physician's report, stating that the employee is unfit for work. If an employee is absent for more than 90 days then that employee becomes eligible for Long Term Disability (LTD) benefits

under TIAA at 60% of salary (for those earning up to $100,000 per year) until reaching retirement age.

Further details of this plan may be obtained from the Controller or CFO.

Life Insurance

The Laboratories provide Life insurance and Accidental Death and Dismemberment insurance through the Principal Financial Group to all regular employees who hold three-quarter time or longer appointments and for whom Haskins Laboratories in the primary employer. Its value is equal to 1.5 times the employee's annual salary, to a maximum benefit of $150,000. The Laboratories pay 100% of the cost of this plan.

Medical and Dental Insurance

Full-time employees may choose to be enrolled in either of the Laboratories' two Blue Cross/Blue Shield of CT medical insurance plans. Employees may also receive coverage under the Assurant Dental Plan. The Laboratories pay 75 percent of the costs of these plans for individual employees or, in the case of employees with one or more dependents, the entire individual's cost plus one half of the additional cost for the employee's dependents. The Laboratories assume the same proportion of the cost of Medicare Part B for those employees and eligible dependents having such coverage

Full details on the medical and dental plans can be obtained from the Business Office.

The Laboratories also provides an optional Health Savings Account plan. Details are available from the Business Office.

Retirement Plan

All active employees who are appointed to work for half-time or more, and for whom Haskins Laboratories is their primary employer can, after their first year of service and if they are at least 23 years of age, elect to begin contributing to an annuity plan issued by the Teachers Insurance and Annuity Association (TIAA) and/or the College Retirement Equities Fund (CREF). Participation in the pension plan becomes mandatory when the employee completes three years of service and is over the age of 23.

Under the terms of the plan, the Laboratories contribute 10 percent of the employee's salary and the employee contributes 5 percent. Plan contributions are deducted on a tax-deferred

basis under a salary reduction agreement. Contributions may be allocated among an array of investment opportunities**.** During a leave of absence, the Laboratories will continue its plan contributions on the salary then being paid.

Full details of the Laboratories' retirement plan are available from the Controller or CFO.

Retirement Age

The normal retirement age is reached on the last day of the calendar year in which the age 65 is attained. The Laboratories will make pension contributions for an employee who has attained the normal retirement age and who continues employment provided that the employee continues to make his or her contributions.

Retirement Medical Benefits

A health benefit allowance is provided to each person who retires from full-time employment and who meets the age and years of service requirements of the plan. Retirees must apply the allowance to purchase continued participation in the Laboratories' group health coverage or an alternate Medigap plan. Additional insurance coverage for dependents may be obtained at the retiree's own expense. The allowance is payable only during the retiree's lifetime, is not transferable to a surviving spouse and is adjusted annually to reflect increases in premium costs. Full details of the plan and the current amount of the allowance are obtainable from the Controller.

Supplemental Retirement Annuity

Active career employees who hold appointments to work for half time or more and for whom Haskins Laboratories is the primary employer, may elect to invest in a tax-deferred or "tax sheltered" supplemental retirement annuity (SRA). Under this plan, the employee enters into a written agreement with the Laboratories whereby the employee's salary is reduced and the Laboratories agree to pay the amount of the reduction into an annuity contract issued by TIAA/ CREF that is owned by the employee. The plan provides savings to participants because the reduction in salary is untaxed except for Social Security**.**

Full details of the Laboratories' pension plan are available from the Controller or CFO.

TIME OFF

Holidays

Official holidays on which the Laboratories are normally closed include New Year's Day, Martin Luther King's Birthday, President's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, the day after Thanksgiving, and Christmas Day and the day preceding or following it.

Sick Days

It is the Laboratories' policy to rely on the good judgment of individual staff members to ensure that sick leave absences are necessary. The Laboratories require that staff members contact the Laboratories by 10:00 a.m. *on each day of absence* by leaving a voicemail message at 203-865-6163, x399. In cases where individuals are absent due to illness for more than five continuous working days, they may be asked to provide a physician's diagnosis.

Vacation Days

All regular employees are eligible for vacation time. For regular employees this accrual begins from the date of employment. Vacation time is accrued in hourly increments. Up to 5 years of employment vacation time is accrued at the rate of 5.385 hours per payrun for a 35 hour work week. After 5 years of employment vacation time is accrued at the rate of 6.7308 hours per payrun based on a 35 hour work week per pay period. Anything less than 35 hours will be adjusted accordingly. Vacation time can be accrued by full-time employees to a maximum of 10 weeks. Full-time employees who leave the Laboratories will be paid for any accrued vacation up to a maximum of six weeks. For other than full-time regular employees, the accrual is prorated according to the employee's scheduled number of hours.

Vacationers should notify their supervisor in advance of their intent to take vacation time. If vacation is elected as late as the intended day of absence, notification must be made to the employee's supervisor or to a member of the Business Office staff by 10:00 a.m.

Personal Days

Employees who take time out during the day to attend to personal business, or for the purposes of religious observance, will be expected to use vacation time or to adjust their hours of attendance to make up for the lost time.

Jury Duty

If an employee is notified to appear in court for jury duty, the employee must inform a member of the Business Office staff in advance of the court appearance date. Employees who are engaged as jurors are expected to report their income from the court to the Business Office.

Bereavement Leave

Absences due to a death in an employee's immediate family (spouse, parent, parent of the employee's spouse, brother, sister and children) will be excused and paid up to a maximum of 3 working days plus reasonable travel time.

Family Leave

In accordance with the Federal Family and Medical Leave Act of 1993, after 12 consecutive months of employment, most employees are entitled to receive up to 16 weeks of unpaid "family medical leave" in any 2-year period. Reasons for the leave include serious illness of the employee or immediate family member, birth of a child or adoption of a child. Returning employees are guaranteed the position that they held before the leave or a comparable job without loss of seniority or other benefits.

Additional unpaid leave up to a maximum of one year may be granted under the Laboratories' own policy provisions. For employees on grants, the agency that has jurisdiction over an employee's grant must approve the leave of absence to ensure that the support available to colleagues and other essential Laboratory services will not be interrupted.

Under special circumstances in which there is evidence that the applicant can perform a substantial proportion of his or her duties at home during the period of absence, the Laboratories may grant a period of paid family leave.

Military Leaves

The Laboratories provide military leaves of absence to all regular full-time and part-time employees in compliance with applicable state and federal laws.

Request for military leave should be submitted to a member of the Business Office staff as promptly as possible, and accompanied by a copy of your orders indicating the beginning and ending dates of your duty period.

Unpaid Leaves

Extended leaves of absence without pay can be granted in special circumstances. Employees considering the possibility of taking an extended leave of absence should inform a member of the management as soon as possible.

RESIGNATION

Terminal Vacation Pay

Employees who have vacation remaining on their last day of employment are entitled to receive payment for those accrued vacation days, up to a maximum of six weeks, in their last paycheck.

Continued Medical Coverage

A law known as the Consolidated Omnibus Budget Reconciliation Act (COBRA) requires that the Laboratories offer employees and their families the opportunity for a temporary extension of health coverage (called "Continuation Coverage") at group rates in certain instances where coverage under the plan would otherwise end. Typically this would arise when an employee leaves. Medical and dental coverage for the ex-employee and his/her dependents can be provided at the employee's expense for 18 months and an even longer period of medical coverage can be obtained under provisions of Connecticut State law. For further information please see the Controller.

Pre-Departure Duties

To ensure that you will be fondly remembered when you leave the Laboratories you should carry out the following series of steps.

1. Backup all of your computer data and files into appropriate storage media. Delete all of your files from all Laboratories computers. Ask the Director of Technology and Planning to delete any computer accounts, close your e-mail accounts and arrange to have you e-mail forwarded, if necessary (arrangements can be made to have e-mail accounts remain active for a period of 90 days.)

2. Date all the storage media that you leave behind so that they can be deleted 3 years from your departure date. Alternatively, if the media

contain published data that must be retained for at least 5 years, then please take them with you when you leave.

3. Place all of your papers and other personal effects that you do not wish to take with you in boxes and date them so that they also can be disposed of if not reclaimed within 3 years. Note that investigators are obligated to retain published data for at least 5 years and, therefore, those data should be removed from the Laboratories.

4. Inform the Administrator when your file cabinets and desk space will be available for use by someone else.

5. Ask the Technical Support Specialist to remove your telephone mailbox if you have one.

6. Check with the Manager of Engineering Services to make sure that all of the equipment you borrowed has been returned.

7. Return all library books.

8. After completing the above, confirm that all your personal paperwork is in order in the Business Office. You will be expected to show evidence of having performed all of these steps before your final paycheck or direct deposit payment is released.

LIBRARY

The Haskins library, a highly specialized collection devoted to speech research, currently contains approximately 2,900 books, and 88 active journals. As a consequence of a collaborative program, the library also receives publications from about 70 other organizations in related fields both here and abroad.

The library operates on the honor system. While the library is accessible at virtually any time, it is only partially staffed during normal working hours. As a result, library users are completely responsible both for signing out and returning books.

Lending Policy

1. Only persons who appear at the Lab regularly may borrow books. Guests should identify themselves to the Librarian before borrowing any materials.

2. Each book removed from the Library must have its circulation card signed by the borrower and placed in the circulating book box (on the top of the card catalog).

3. Books may be borrowed for no more than 30 days. Renewals are obtainable only at the discretion of the librarian.

4. Some journals, reference books, and periodicals do not circulate but may be copied, and need to be returned immediately to the library, not left on the user's desk. Bound copies of journals and "desk copies" may not be removed from the library.

New books and journals are acquired primarily by staff demand. A sign-up sheet where staff may suggest acquisitions is posted on the library bulletin board. Notifications of new acquisitions are also posted there.

Reference Database Services

Most other reference resources can be accessed via the Yale Library Research Work Station available at the Yale Library Website. This includes Medline and PsycInfo via OVID. These databases require a password that is available upon request to the librarian. A Medline User's Manual and a Thesaurus of Subject Headings are available in the reference section of the Laboratories' library. Further information on how to make use of Medline can be obtained from the Librarian.

TECHNICAL FACILITIES

The Laboratories' computer system is a shared resource made up a number of interdependent processors and a variety of peripheral equipment. A variety of special purpose professional hardware and software tools is available for the recording and analysis of audio and other signals. Other resources include specialized equipment for the acquisition and analysis of research data and custom-built rooms and other facilities for housing and using such equipment.

Priorities

Should a demand on the Laboratories' computers or technical facilities make it necessary, there is a set of Priority rules that may be invoked. These rules define user priorities for shared resources.

The priorities for shared resources are as follows:

1. First Priority users are members of the Technical Support Staff or outside support agencies engaged in activities related to the functioning and integrity of our computer network, individual systems and workstations, and research hardware, software, and other technical facilities.

2. Second Priority users are support staff, staff investigators, staff programmers, invited postdoctoral or sabbatical guests and research assistants whose work is being supported under one of the Laboratories' research grants using our computer and hardware systems for direct research purposes.

3. Third Priority users are people engaged in research-related document preparation.

4. Fourth Priority users are graduate students who are conducting research activities of the type supported under one of the Laboratories' grant accounts.

5. Fifth Priority users include all people who are using the computers and technical facilities primarily for preparing theses, early drafts of papers, or the gathering of pilot or other preliminary data.

All users of our technical facilities are enjoined to observe this priority system and not to occupy equipment with low priority work at prime times of day.

Software Copying

All members of the Laboratories should know that the copying of commercial software is against the law and that the Laboratories does not condone the practice of copying such software for personal use. Furthermore, in most cases, even the copying of software for use on other machines within the Laboratories is subject to legal penalties. Therefore, the Laboratories does not approve of commercial software copying of any kind unless it is specifically allowed under a licensing agreement. Those investigators who need to use commercial software in their research should anticipate the need when they purchase their machines and include its cost as a part of the purchase price. All subsequent software requests should be addressed to the Director of Technology and Planning, and be backed by the authority to charge the costs to a grant, including the permission of PIs and/or Project Leaders.

TECHNICAL ASSISTANCE

The Technical Support staff serves a variety of functions. Their first priority is to maintain and support the integrity and functioning of our computer network, including internal communications, internal access to databases and accounting systems, Ethernet connectivity, Internet connectivity, and email support. Issues of general performance of the network must, in general, take priority over problems with individual machines or applications.

Experiment Assistance

The Technical Support staff is responsible for assistance, where possible, with experiment related equipment, and for limited assistance with experiment setup. Consult the Experiment Coordinator for information about the status of in-house experimental systems (e.g. EMMA, Optotrak, Ultrasound, etc.). Report all problems with experimental systems to the Experiment Coordinator or Manager of Engineering Services as soon as possible. If you will require any special work or consultation related to in-house experiments, please consult with the Experiment Coordinator long in advance of the planned experiment, so that time can be scheduled, repairs can be made, parts/equipment can be ordered, etc. The responsibility for the conduct of experiments, the training of experimenters or experimental assistants, sensitivity to and knowledge about technical and ethical issues related to human subjects, techniques of analysis, etc., resides with the Principal Investigators and/or Project Leaders of individual grants and/or projects.

Acquiring New Equipment and Supporting Existing Equipment

The Technical Support staff is responsible for the procurement, inventorying, maintenance, and support of computer and research equipment. The Experiment Coordinator and Multimedia Specialist handle purchasing of microcomputer hardware and software. The Manager of Engineering Services handles purchasing of research equipment. Requests for the acquisition of new research equipment or computer hardware or software must come from the PI of individual grants or from Project Leaders. Requests for repairs of existing equipment should be addressed to the Manager of Engineering Services. Loss or damage to equipment used outside of the Laboratories is the responsibility of the borrower. We do not maintain insurance for equipment used outside of the building. Please be aware of this before borrowing equipment and removing it from the building. Special purpose cabling and wiring are often required for experimental and other use. Be sure to consult with the Manager of Engineering Services long in advance of the use of such items so that they can be ordered, if required. Similarly, printer transparencies, cartridges, special purpose paper, storage media can disappear rapidly. If you have special requirements of such items, be sure they are available or have them ordered long in advance of your planned use of them. Please do not wait until the day before you plan to go to a meeting.

Software Assistance

In general, we do not have the resources to provide support for the many software packages that exist on our diverse computer systems. The Experiment Coordinator or Multimedia Specialist can assist you by showing where printed manuals reside, if available; how to get on-line help, if available; and how to use the internet to search for documentation and support (this is rapidly becoming the major method for obtaining timely and accurate information). In addition, the Experiment Coordinator will order additional books and manuals, if necessary and if approved by PIs and/or Project Leaders.

At present, we do not have general resources available for new software projects. The exception to this is the case of individual grants, which often provide for funds to cover programming costs. If you expect that future work of yours will require special programming, careful advanced planning is needed so that grant submissions will be structured to provide for adequate programming and other technical support. The Software Engineer provides support for our accounting and payroll systems and is also available for limited support of database programs, signal processing software, and audio input and output systems. A microcomputer-based facility for audio input and manipulation is available. See the Experiment Coordinator for information on this system.

WHO TO CONTACT/HOW TO REPORT A PROBLEM:

Emergencies

In the absence of Haskins management personnel, in case of emergency and or any urgent building issues, please call Winstanley Property management at 203-624-5317; ask for Fred Mott or leave a detailed message with the receptionist. If Winstanley is unavailable, telephone the Security Desk in the building lobby at 203-752-9298. Winstanley should not be called for standard building-related problems (see below).

Building-related

Building related problems, including heat, air-conditioning, furniture, safety, etc., should be reported using the ***Keystone Reporting System*** on the "Employee Intranet" page on the Haskins Laboratories website (www.haskins.yale.edu/intranet.html).

Copiers

Problems with, or requests related to the copiers should be using the ***Keystone Reporting System*** on the "Employee Intranet" page on the Haskins Laboratories website (www.haskins.yale.edu/intranet.html).

Databases

Problems with, or requests related to the Laboratories' databases, including corporate databases (e.g. POs, equipment, etc.), and the bibliographic database, should be addressed to the Multimedia Specialist or Director of Technology and Planning. The Library and Publications databases are maintained by the Librarian. Functioning of the database server is the responsibility of the Director of Technology and Planning.

Email

Requests for new email accounts should be addressed to the Director of Technology and Planning. Requests for purchase/installation/configuration of client software should be addressed to the Experiment Coordinator or Multimedia Specialist. Requests for assistance with the configuration of individual computers should be addressed to Experiment Coordinator, Multimedia Specialist or Director of Technology and Planning.

EMMA (magnetometer)

Hardware issues related to EMMA and related systems should be addressed to the Manager of Technical Services. Software systems related to EMMA (e.g. MAGGIE, MAVIS) should be addressed at this time to Mark Tiede, the author of these systems.

Experimental equipment

Problems with, or issues related to our experimental equipment, including *Psyscope* button boxes, EMMA, EMG, etc., should be addressed to the Manager of Technical Services.

File servers

Problems with, or requests related to the computer servers should be addressed to the Director of Technology and Planning.

Microcomputers

Problems with, or issues related to our microcomputers (Macintosh and PC) should be reported to the Experiment Coordinator or Multimedia Specialist who may pass them on to the Manager of Engineering Services if they are hardware related. These individuals are also responsible for providing software support for both Macintoshes and PC compatibles. These responsibilities include software installations (both operating system and applications); software maintenance, upgrade, and backup; databasing of software serial numbers; databasing and renewal of microcomputer software and hardware maintenance contracts; and limited user assistance (where possible).

Media

See the Experiment Coordinator, Multimedia Specialist or the Manager of Engineering Services to obtain various computer media.

Networking

All networking, Ethernet, communications, e-mail, and Internet problems or issues should be referred to the Director of Technology and Planning. Website should be addressed to the Multimedia Specialist and Webmaster.

Phone System

Problems with, or requests related to the phone system should be addressed to the Manager of Engineering Services

Priorities

Depending upon the issues, priorities are established by the Manager of Engineering Services, the Director of Technology and Planning, or the CEO. In certain circumstances, meetings of the Technical Resources Committee may be required to establish priorities, if there are conflicting demands for resources. If you feel that such a meeting is needed, see the Director of Technology and Planning about scheduling such a meeting as soon as possible.

Supplies

See the Experiment Coordinator, Multimedia Specialist, or the Manager of Engineering Services to get, or order, various computer-related supplies. If you have special requirements (e.g. transparencies, printer cartridges, etc.), be sure to have these things ordered in advance of your deadlines.

Website

Problems or requests related to the Haskins Laboratories website should be addressed to the Multimedia Specialist / Webmaster.

The Technical Resources Committee (TRC) manages matters concerning the allocation, production, and development of research facilities and resources within the Laboratories. The members of this committee are appointed annually by the Laboratories' President. Meetings of the TRC are monthly, or on an as-needed basis. Anyone with issues to raise or ideas to offer is welcome to attend. The agenda and minutes of each meeting are posted on the main notice board.

PURCHASING

Order Initiation

Any member of the Laboratories' staff who identifies the need to replenish supplies or to purchase equipment for use in the Laboratories may initiate a purchase request. To do this the initiator must discuss the needed merchandise with an authorized purchaser (see listing below). All purchasers will bear in mind their responsibility to comply with government policy and not neglect to give minority and small business concerns the opportunity to supply the Laboratories' needs.

If, as is sometimes the case, goods are purchased on account from local merchants and picked up by hand, then the vendor's bill of sale can be given directly to an authorized purchaser together with the necessary charging and authorizing information. When orders for equipment or supplies are transmitted by phone, a purchase order (PO) covering that order should be prepared immediately. Under no circumstances should the preparation of documentation relating to an orally placed order be delayed until *after* the merchandise has arrived at the Laboratories.

Purchasing Officials

The following persons are authorized purchasers of merchandise for Haskins Laboratories in the categories shown below.

Purchaser	**Category of Merchandise**
Manager of Engineering:	Building maintenance supplies and equipment; physical plant.
Controller, CFO or Financial Assistant:	Items charged to Overhead (C-1), Office Equipment (B-1); travel services, and other categories for which he/she has received a specific proxy from the authorized purchaser.
Office Manager:	Office supplies; office related purchases; travel services.
Experiment Coordinator:	Physiological research equipment and supplies and physical plant maintenance and repair; physical plant.
Manager of Engineering:	Computer media; electronic components, electrically powered equipment, audio consumables, and electronic and computer servicing and maintenance supplies.
Multimedia Specialist:	Computer software and software upgrades; microcomputers, hardware and peripherals, documentation, and related supplies.
CEO:	Technical facilities, including hardware, software, documentation and related items; maintenance contracts; all other categories in the event that the appropriate authorizers are not available.
Librarian:	Library subscriptions, books, and library-related supplies; travel services.

Experiment Coordinator:	Computer media, computer software and upgrades, computer peripherals, documentation and related supplies, electronic components, audio consumables, electronic and computer servicing and maintenance supplies.
HLI coordinator:	Haskins Literacy Initiative (HLI) supplies.
Manager of Grants:	Furniture.

Note that the categories of merchandise listed against the names of authorized purchasers are intended to be illustrative rather than restrictive. The purpose of the list is to indicate areas of specialized knowledge about the Laboratories' needs. The job of a Purchaser is to use his or her knowledge about the state of the Laboratories' stock of a given supply item to avoid unnecessary or duplicate ordering (see below).

Duties of Officials

Persons who are authorized to purchase merchandise for the Laboratories carry the responsibility for ensuring that:

(a) Each purchase request is dealt with on a timely basis and results in either the prompt issuance of an official PO or a decision to cancel or delay further processing due to an absence of funding or a failure to meet one or more of the criteria listed below.
(b) Each requested item is not already available in stock.
(c) Each item is fully described and, in the event that the equipment has to meet particular technical requirements, the PO specifically states that payment will be conditional on the ability of the equipment to meet those requirements.
(d) If federal grant funds are required and the cost exceeds $500, an approval has been obtained from the Principal Investigator whose project or program funds will be used to purchase the item.
(e) If institutional funds are required, a purchase approval has been obtained from members of the Laboratories' Finance Committee.
(f) If rebudgeting action is required to obtain the necessary purchase funds from a project or program, a prior approval document has been signed by the Director of the Laboratories or by an institutional official designated by the Director.
(g) For all non-expendable merchandise exceeding $10,000 in cost and available from more than one source, at least three competitive bids are obtained and forwarded to the Business Office with the PO.
(h) If the merchandise is only available from one or two sources, a notation explaining that fact is written on the face of the PO.
(i) Pursuant to the NIH Revitalization Act (P.L. 103-43, June 10, 1993), section 2004, when purchasing equipment or products under a grant, the recipient should, whenever possible, purchase only American-made items.

(j) All necessary affirmative action steps are taken to assure that minority firms, women-owned firms and labor-surplus area firms are used whenever possible.
(k) All prospective vendors are asked whether they offer a discount to educational institutions and whether a direct purchase or a purchase through Yale University would secure for the Laboratories the lowest possible price.
(l) For all research equipment exceeding $10,000, the proposed purchase has been reviewed and approved by a quorum of the Technical Resources Committee or, in conditions of extreme urgency, when a TRC quorum is unavailable, the signed approval of the Laboratories' Director or by an institutional official designated by the Director, has been obtained, and
(n) The initiator is kept informed about the outcome of his or her request.

Order Preparation

The authorized purchaser logs into the Haskins Laboratories Purchase Order Database and successfully enters his/her password:

(a) Purchaser generates purchase order.
(b) Purchaser obtains additional signature, if required.
(c) Purchaser distributes copies as follows:

Copy 1: Accounting
Copy 2: Receiving
Copy 3: Accounting

If vendor requires a purchaser order, then the original copy 1 goes to vendor, with a copy
to Accounting.

Order Transmission

The steps involved in PO transmission are the following:

(a) The responsible purchaser proofreads each PO. Accounting retains copy.

(b) All POs for merchandise in a given product category that have a total value of $500 or less may be signed solely by the purchaser responsible for that product category.

(c) All POs valued in excess of $500 that are charged to a specific grant must be countersigned by the PI of the program or project designated as the funding source, or by a member of the Laboratories' Finance Committee. All POs for supplies or research equipment that are not chargeable to a single program or

project, but are valued in excess of $1,000, must be countersigned by a vice-president or by a member of the Laboratories' Finance Committee.

(d) Uncertain total charges for merchandise or services do not justify a delay in completing a PO. Please specify that the PO is subject to change if final charges are unknown and provide an estimate of costs and any necessary supporting details or notes on the PO or as an attachment.

Receiving Procedure

All deliveries are made to the Delivery Room (#141) or to the Reception Desk and do not leave those areas until appropriate action has been taken by the responsible purchaser to verify that the Laboratories' order has been delivered in full.

Immediately upon the acceptance of a delivery from a shipper, a member of the receiving staff member finds the receiver copy of the PO (usually located in a folder in the Delivery Room), attaches it to the vendor's packing slip and notifies the responsible purchaser. The purchaser may, with discretion, delegate his or her receiving duties to the initiator of the order. However, the purchaser will remain responsible for ensuring that the following steps are taken:

(a) The purchaser or initiator (receiver) begins by inspecting the packing for evidence of damage or severe mishandling. If damage is present the receiver notifies the shipper and does not unpack the merchandise unless the shipper permits him or her to proceed.

(b) The receiver unpacks the merchandise, notes on the receiver copy whether the order has been filled partially or in full and then adds his or her signature and the date. If the order is complete, the purchaser order is sent directly to the Accounting Department with the packing slip. If the order has been only partially filled the purchaser order is returned to the Accounting Department with the packing slip marked "partial delivery".

(c) In the case of a hand collected item, the individual who has obtained the item from the vendor retrieves the receiver copy from a Delivery Room, verifies in writing that the goods have been received and hands the purchase order to the Accounting Department.

(d) All received merchandise is examined within three working days to establish that it has arrived in proper working condition. If the condition of any received merchandise is considered to be unsatisfactory and negotiations with the vendor are initiated, the Laboratories' Accounting Department is

immediately given written notification so that, if necessary, payment can be withheld until the matter is resolved.

(e) All research equipment with a unit cost of $1,000 or more is entered by the Manager of Engineering Services into the Laboratories' computer-based equipment inventory and given a metal tag which carries the Laboratories' name as owner and an acquisition number. The inventory data includes a description of the item, the acquisition number, destined use, serial number and date of acquisition. Also included are the source of funding used, the warrantee period and the name, address and telephone number of the vendor who supplied the item.

GRANTS

Procedures on Grant Proposal Submission

In order to ensure the timely submission of grant proposals that are compliant with federal guidelines and to provide investigators with the fullest possible use of the resources that Haskins has to offer, it is important that investigators both understand and agree to Haskins Laboratories' procedures for grant proposal submission. It is critical that investigators allow sufficient time for review of select sections of the grant proposal by relevant members of the administrative and research staff. It is our goal to ensure the scientific, financial, and administrative quality of proposals and renewals that are sent out under the Haskins name. In order to do this, adequate time is needed to review all proposals. Details are provided below for the critical steps in the grant proposal submission process, including time guidelines. Exceptions to these guidelines can be made only in rare instances. However, if the lead time is too short to ensure a quality product, submission will have to be delayed, or not allowed to happen.

Grants, contracts, and awards are made to Haskins Laboratories as an institution, not to individuals. Management of the grant is the responsibility of the principal investigator (PI), under the supervision of the Laboratories. Haskins retains the right to make all final decisions regarding submission, staffing, budgeting, equipment use, and other related matters, for all grants and contracts submitted through the Laboratories, subject to consultation with the PI of the grant. Final decisions about such matters are up to the Director of Research or the Director's designate.

Steps in the Haskins Grant Submission Process

Step One – Obtain Committee Approval(s)

Investigators who intend to submit a grant proposal (including a revision of a previously submitted grant proposal) must first obtain approval from the Steering Committee. This should be done at least 60 days prior to the grant submission due date. (Contact the Director of Research to add this matter to the Steering Committee agenda.) Exceptions may be made by the Director of Research for Requests for Proposal (RFPs) and other circumstances that do not allow for this much advance consideration.

A signed *Letter of Intent* must be provided to the Steering Committee.

- This letter should describe the research and include details regarding proposed personnel and equipment. Any subcontracts, consulting arrangements or special matters related to personnel or research plans should also be included in this letter.
- In addition, the letter should identify the two in-house readers / reviewers of the grant proposal and, if possible, these readers should have had prior experience reviewing grant proposals.

- Finally, the investigator should indicate that the Grant Submission Policies and Haskins Research Misconduct and Scientific Misconduct policies have been read and agreed with.
- A *Haskins Grant Submission Letter of Intent form* is available online or in the Grants and Contracts Office.

If your grant proposal has technical and/or space requirements, a meeting should be scheduled with the Technical Resources Committee (TRC) to discuss these requirements and their interaction, if any, with current ongoing research activities. TRC approval should be solicited at least 30 days before the submission of the proposal. As noted above, please provide to the committees, in writing, a brief description or outline of the grant (revised submissions copies of the pink sheets should also be provided to the Steering Committee), the agency where the grant proposal will be submitted, a list of personnel involved, a description of any major equipment needed, and the estimated total dollar amount for the grant and/or equipment. This step is important to ensure compatibility of the proposed research with the Laboratories' mission and with other ongoing or planned research. Because of limited space, resources, and staff, the impact of these additional requirements for the proposed research needs to be evaluated by Haskins' senior management.

Step Two – Administrative Material

The *administrative* part of the grant proposal must be reviewed by the Manager of Grants and Contracts and the Chief Financial Officer (CFO) a minimum of two full, non-weekend / non-holiday working days before the grant deadline.

FAILURE TO DO SO WILL RESULT IN THE GRANT NOT BEING SUBMITTED.

For NIH grants, the *administrative* part includes the following:

1) Letters of Support (if applicable)
2) NIH Biosketches
3) Project Summary
4) Project Narrative
5) Budget*
6) Budget Justification
7) Facilities & Other Resources
8) Equipment

All items except #5, the budget, must be in individual PDF files for uploading.

*Please make an appointment with the Manager of Grants and Contracts regarding the grant's budget.

For grant applications to other agencies, similar sections that provide corresponding information need to be submitted for review. If the Manager of Grants and Contracts has to submit multiple grant proposals for the same deadline, s/he may request that the administrative portion of the grant be completed even earlier. No guarantee can be given that a grant proposal will be submitted if these deadlines are not honored. This administrative review is important for ensuring that the grant proposal is compliant with any requirements, regulations, and/or policies. In addition, it helps to minimize any mistakes or flaws that could jeopardize the fundability of the proposal. As completion of these sections will help expedite the submission process, completing them *early*—to the maximum extent possible—is advisable.

Step Three – Scientific Review

The *scientific* part of grant proposals, including revisions, must be read by at least two Haskins scientists in a time frame that allows for a meaningful review with an appropriate period allotted for corrections, revisions and changes. This time period is to be determined by the agreed upon readers of the grant proposal, subject to the other time guidelines discussed in this submission policy. The *scientific* part of NIH grant proposals includes Specific Aims, Background and Significance, Preliminary Studies, Research Design and Methods, Human Subjects Sections, all other Research Plan Sections and the Appendix (if applicable). For grant proposals submitted to other agencies, similar sections covering the same topics as those above comprise the scientific parts. It is also important to leave sufficient time for coordination of the scientific and administrative portions and final proofreading of the entire proposal. Examples include the need to check for number and ethnicity of subjects, names and locations of participating individuals and institutions, basic grammar, the accuracy of references, typographical errors, cross-referencing of budget items mentioned in the proposed research, etc. The amount of time needed for the scientific review and coordination with the administrative review should be discussed with the designated readers of the grant proposal and the Manager of Grants and Contracts, and agreement should be reached by all at least 30 days prior to grant submission. The final version must be given to the Manager of Grants and Contracts a minimum of 24 hours (not counting weekends and holidays) before the grant submission deadline. As stated above, if the Manager of Grants and Contracts has to submit multiple grants for the same deadline, s/he may request that everything be completed even earlier and no guarantee can be given that a grant will be submitted if these deadlines are not honored. Scientific review of the proposal, particularly by those with grant reviewing experience, helps to improve the quality of the grant and potentially avoids pitfalls that could affect the fundability of the grant proposal.

Investigator Responsibilities

Current rules and regulations imposed on the recipients of government support require the Laboratories perform certain awareness-enhancing activities to promote various aspects of social policy and to ensure scientific integrity. Many of these are of general concern (i.e. *Drug-*

Free Workplace, *Sexual and Age Discrimination*, *Civil Rights, Americans with Disabilities Act*). However, there are also issues of scientific concern. These include policies on *Research Misconduct, Financial Conflict of Interest, Debarment and Suspension Lobbying* and *Human Subject* issues. The Investigator needs to be aware of and uphold the Laboratories' policies on these issues. The Administrator or a member of the Business Office staff can provide you with complete copies of these policies.

NIH Guide

The NIH Guide is available via the NIH website (www.nih.gov).

Record Keeping

Each Investigator and those under his/her supervision must keep a log of the experiments they perform and a copy of all the data used in published progress reports and papers. It is necessary to keep these records for a period of 5 years *after publication of the published report*. This policy is outlined in the *Publications Manual* of the *American Psychological Association, Fourth Edition*.

Human Subjects

Any member of the staff involved in human subject research *must* certify that they have completed a training course on the Protection of Human Research Subjects. Please see the Administrator for details.

Investigators are also responsible for obtaining approval for any research involving human subjects from the Human Investigation Committee (HIC) at the Yale School of Medicine *before* they can begin work on their grant or project. All human research subjects must sign an HIC-approved informed consent form before becoming involved in any experiment. Please see the Administrator for details on how to obtain HIC approval.

Human research subjects are paid at an hourly rate. For the current rate, as well as subject payment information, please see a member of the Business Office staff.

Grant Acknowledgments

All grantees must acknowledge Federal funding in papers prepared for publication, when issuing statements, press releases, requests for proposals and other documents describing projects or programs funded in whole or in part with Federal money.

STUDENT EMPLOYMENT

Engagement Procedures & Pay Scales

Each Research Assistant is engaged for up to three periods of employment during the year (fall semester, spring semester and the summer). To receive employment during each period, a graduate student must obtain the support of one or more investigators who sign a declaration that they will fully employ the services of an assistant for a specified number of hours during that period. Graduate students are employed at three levels of seniority, which determine their hourly rates of pay. The University of Connecticut sets these rates.

Level 1: Research Assistants with the B.A. or B.Sc.

Level 2: Research Assistants who have received the M.A., M.Sc. or its equivalent. Equivalency consists of 24 credits of appropriate course work beyond the baccalaureate, together with admission to a Ph.D. program.

Level 3: Research Assistants who have at least obtained an M.A., M.Sc. or its equivalent and have also passed the general examination for the Ph.D.

Assistantship Time Limits

Appointments to the position of Research Assistant are subject to a ceiling of 4,680 hours on the total number of hours of employment. This total would normally be reached by holding a full appointment involving 20 hours of work per week for 4.5 years. Graduate students who receive appointments with workloads lying between full and part time accumulate hours at a slower rate and, consequently, can extend their employment beyond 4.5 years. Under exceptional circumstances, Research Assistants may be permitted to prolong their paid appointments beyond the 4,680-hour limit. Individual requests for extensions may be granted by the Laboratories' Steering Committee if the Assistant's supervisor can make a compelling case that it is in the Laboratories' interest to continue employment. Such extensions will be for a period of no more than one year. Further inquiries into the Laboratories' policies regarding the appointment of Research Assistants may be directed to the Overseer of Graduate Research Endeavors.

Student Vacation Policy

All Research Assistants employed by the Laboratories are entitled to two weeks per semester. This time must be taken in the academic/calendar year (i.e., September 1 through August 31) in which it is granted or it will be lost.

THESES

Support Policy

The Laboratories make every effort to provide each employed graduate student with valuable research training and experience. To gain the greatest benefit from this experience, a graduate student should begin working at the Laboratories no later than the second year of his or her postgraduate course and enter a period of apprenticeship by running routine experiments, tabulating data, analyzing results and acquiring knowledge about speech. During the second phase of a postgraduate assistantship, the student will be expected to have developed ideas of his or her own and to have incorporated them into a research topic to be subsequently explored under the supervision of a thesis advisor. The chosen topic must be relevant to some aspect of one of the Laboratories' active grant-supported projects.

Conditional on the good quality of a student's research, the Laboratories may deem it appropriate to permit the graduate student to devote up to 2/5 of his or her paid time to thesis writing. The remaining time will be spent providing research assistance to those members of the research and scientific staff who need it. However, being paid for a portion of one's Ph.D. research is a privilege not automatically conferred on all graduate students. The privilege is earned by having previously worked as a Research Assistant in a data gathering capacity and having shown originality and experimental competence. A student's Thesis Supervision Committee (see below) can make recommendations for partial thesis support to the Steering Committee.

Student's Responsibilities

Those students who are approved to spend up to 2/5 of their Research Assistant hours on their dissertation will also have agreed to: 1) give a staff meeting talk at Haskins about their dissertation research findings; 2) submit for publication a manuscript describing their dissertation research and acknowledging the Haskins grant that supported it.

Supervision Committees

To guide graduate students in the conduct of their research activities, the Laboratories have adopted the practice of creating 3-person committees composed of members of the research staff. The Laboratories' Organizer of Graduate Research Endeavor (OGRE) will normally occupy the chairman's seat on each TSC. The second member of each TSC will normally be the PI of the program or project for which the research is to be done. The third member will be the graduate student's academic advisor and/or another person with relevant interests selected by the student from the Laboratories' research staff.

The purpose of the TSC will be to work with the Ph.D. candidate to ensure that the research plan is satisfactory and appropriate for Haskins' support, and to provide helpful criticism during the preparation of a prospectus. When the prospectus has been approved, the committee will be responsible for recommending the degree of support that the Laboratories should give.