

EMPLOYEE REMEDIAL MEASURES FOR FCOI NONCOMPLIANCE

The purpose of this form is to memorialize discussions with employees who fail to comply with Addgene's Financial Conflicts of Interest Policy.

MEETING DETAILS
Date:
Name of Non-Compliant Employee:
Role / Job Title:
Attendee 2:
Role / Job Title:
Attendee 3:
Role / Job Title:
Attendee 4:
Role / Job Title:

DESCRIPTION OF EMPLOYEE'S FCOI NONCOMPLIANCE
Description of applicable provision in the FCOI Policy or Management Plan:
Description of Employee's Noncompliance
Is this a recurring issue: <input type="checkbox"/> Yes <input type="checkbox"/> No

REMEDIAL MEASURES	
	Addgene's FCOI policy was reviewed with the employee, focusing on the sections with which employee failed to comply
	Employee was (or will be) retrained on Addgene's FCOI policy. This training will be documented per Addgene's FCOI Training Procedures .
	The Management Plan was review with the employee and Independent Monitor
	[add additional rows and details as necessary]

EMPLOYEE ACKNOWLEDGMENT AND ACCEPTANCE

I acknowledge that I have reviewed the contents of this form and that I was given time to add, correct and/or clarify any details on the form with regards to the *minutes* of the meeting. I agree that this form is a fair and accurate representation of the meeting's contents.

I understand that the remedial measures outlined in this form do NOT create a contract of any kind, including, but not limited to, a contract of employment. I understand that I am an employee-at-will and as such, my employment with Addgene may be terminated by either Addgene, or me, for any reason, with or without notice, at any time.

Employee:

Signature: _____

Name: _____

Date: _____

For Addgene:

Signature: _____

Name: _____

Date: _____