

Employee/Postdoc-Supervisor Agreement for Catalyst BioConsulting Membership

Catalyst BioConsulting (CBC) is a pro-bono consulting group that offers a broad range of services for start-up and established companies in the biotechnology, health technology and pharmaceutical space. Our mission is to provide research-based, actionable business recommendations for firms, while offering opportunities for networking and professional development to our volunteer consultants.

MCW and/or Versiti employees/postdocs will be considered consultants and will be supported and supervised by both CBC leadership, and an affiliated CBC Faculty Advisor. Consultants will have the opportunity to shadow senior CBC consultants and learn via observation and direct project involvement. This includes voluntary participation in meetings with clients, and with the CBC team to whom the consultant is assigned. The amount of time spent volunteering will be based on the consultant's schedule. Employee/postdoc responsibilities will take priority over CBC projects and commitments.

I _____ acknowledge that I have discussed my involvement with CBC with my supervisor/manager, _____. I further acknowledge that we have discussed the following issues, as they relate to my involvement with CBC (please check the boxes):

- ☐ My top priority is to my work as an MCW/Versiti employee/postdoc.
- ☐ My mentor is aware that monthly, one-hour group meetings are held during normal business hours, and that if I choose to participate in CBC leadership, two additional one-hour meetings are held.
- ☐ My mentor/supervisor is aware that monthly workshops (optional) are offered to all CBC members.
- ☐ All other time spent on CBC-related activities will be limited to evenings and weekends.
- ☐ I will consult with CBC leadership if CBC-related activities interfere with employee/postdoc duties.
- ☐ I am in good professional standing, and I will suspend CBC membership if this changes.
- ☐ I have obtained permission to participate in CBC from any additional supervisors as deemed necessary from my direct supervisor/manager.

Employee/Postdoc Information

Name: _____ Department/Institution: _____
Signature: _____ Date: _____

Supervisor/Manager Information

Name: _____ Department/Institution: _____
Signature: _____ Date: _____

CBC Faculty Advisor Information

Name: _____
Signature: _____ Date: _____

Postdoctoral Office Use Only

Form received by (name): _____ Date: _____