

Neuropsychology Fellowship Program Policies and Procedures

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I. Requirements for Potential Fellows

Only applicants with APA- or CPA-approved psychology (or related areas of study) graduate programs and internships are considered for the fellowship. Given the recent development of more internship programs in psychology, exceptions may be made for applicants in internship programs undergoing initial accreditation review. Post-doctoral fellows must have completed their dissertation prior to beginning the fellowship. Preferred applicants have completed training at the graduate and internship level consistent with a Major Area of Study as described in the Taxonomy for Education and Training in Clinical Neuropsychology (Sperling et al., 2017). At the graduate level this includes a minimum of 1) three neuropsychology courses, 2) two neuropsychology practica, 3) additional coursework, practica, or didactics in neuropsychology, and 4) dissertation or research project in neuropsychology. At the internship level, the applicant would have had at least 50% of training time in clinical neuropsychology and 2) didactic experiences consistent with Houston Conference guidelines for knowledge and skill. Generally, only applicants who completed an internship that was at least 50 percent neuropsychological training are considered. Applicants with these credentials are generally well-prepared for the rigor of our program; thus, these credentials serve as the principal criteria for selecting post-doctoral fellows for interviews and also in final ranking. As Houston Conference Guidelines and continuing beliefs in the field encourage, however, there are multiple pathways to become a clinical neuropsychologist. Because of this, we also consider applicants with a level of training consistent with an Emphasis or Experience in Clinical Neuropsychology at the doctoral and/or internship level. At a minimum, an applicant needs to have 1) one neuropsychology course or 2) one clinical neuropsychology practicum, and 5% - 10% of supervised experience in clinical neuropsychology and/or didactic training in order to be considered.

The ideal fellow applicant is one with a solid foundation of general clinical knowledge and skills, coursework in lifespan neuroscience, human neuropsychology, and neuropsychological assessment, practicum and internship training in neuropsychological assessment. Enthusiasm and capacity for taking advantage of the unique education and training opportunities at MCW is also considered through individual interview, review of letters of recommendations and the nature of prior training experiences. Approximately 5 to 10 applicants are interviewed for every position available.

POLICY

II. Application Process

PROCEDURE

Application involves electronic submission of a curriculum vita, a copy of graduate school transcripts, two sample reports, and three letters of recommendation. Those who have not defended their dissertation are asked to have their dissertation chair provide written verification of their expected defense prior to the start of the fellowship. Deadline for submission of application materials is usually early to mid-January prior to the start of the academic year. Interviews of selected candidates takes place during the International Neuropsychological Society Meeting in February prior to match day. The Program participates in the National Match. Deadlines for ranking programs and the Match date will be published annually by National Matching Services (www.natmatch.com), the same organization that manages the match for psychology internship programs. Rules for the Match are essentially identical to those for the internship program match.

III. Anti-Harassment and Non-Discrimination

POLICY

MCW is committed to creating and sustaining a safe learning and working environment that recognizes and values the dignity of all members of the MCW community. MCW prohibits all forms of harassment, discrimination and all other negative conduct that inhibits effective communication and productivity. MCW encourages early reporting of unprofessional behavior, unwanted attention, and any form of harassment and/or discrimination. MCW will take immediate and appropriate action when it determines that harassment and/or discrimination has occurred.

PROCEDURE

- 1) Any member of the MCW community who feels that they have been harassed, or believe that they have witnessed unprofessionalism, discrimination, or harassment, should immediately report the situation to their manager, Human Resources, Faculty Affairs, Student Affairs, Course Director, Compliance Reporting Hotline, or Public Safety. It is difficult for MCW and its leaders to learn of, and take corrective action to halt unprofessionalism, or harassing or discriminatory behavior, unless the information is reported.
- 2) If comfortable, an individual may approach the alleged violator of the policy to discuss the issue and request the other party to immediately stop the offensive activity. In some cases, a person may be unaware their behavior is offensive and open to the feedback if it is brought to their attention in a constructive manner. This step is not required if it makes the individual uncomfortable.
- 3) Regardless of whether the impacted individual decides to talk with the alleged violator of the policy, the individual or witness is required and has a duty to promptly report the conduct to their manager, Human Resources, Faculty Affairs, Student Affairs, Course Director, the Compliance Reporting Hotline, or Public Safety.
- 4) All claims of harassment will be treated seriously and will be investigated in a timely and thorough manner.
- 5) Confidentiality will be maintained by MCW Management as much as possible during the investigation.
- 6) Retaliation against an individual for reporting a claim or participating in an investigation of a claim of harassment or discrimination is a serious violation and is strictly prohibited. Any potential acts of retaliation should be reported immediately.
- 7) If an investigation reveals that discrimination, harassment or retaliation has occurred, MCW will take immediate and appropriate corrective action reasonably designed to halt the discrimination, harassment or retaliation, and prevent recurrence, which may include corrective action up to and including termination or dismissal. In some cases, the appropriate action may be to provide an individual who has violated this policy education, coaching, a leave of absence, or other avenues to monitor and correct behavior.

- 8) It is the responsibility of MCW leadership to understand the content of all policies and to ensure their proper implementation.
- 9) Any individual found to be making knowingly or intentionally false accusations of discrimination, harassment or retaliation or providing knowingly or intentionally false information with respect to a harassment investigation will be subject to disciplinary action up to and including dismissal.

Reporting Requirements to External Agencies:

MCW will report findings of violations of this policy to external agencies such as the National Institutes of Health (NIH) and the National Science Foundation (NSF), as required for researchers, as well as, through the credentialing process for clinical providers. MCW may also report findings of violations of this policy to other institutions of higher education and in response to requests for reference information. By accepting employment with MCW, employees agree to be a part of our culture of professionalism and acknowledge that findings may be reported.

IV. Administrative and Financial Assistance

Regarding the salaries and benefits of the postdoctoral fellows, the Director of Training annually reviews stipends for post-doctoral psychology fellows at MCW and in comparable institutions or areas of work, including the NIH annual stipend for postdoctoral fellowship and mean/median stipends for APPCN training programs. The Director of Training makes a formal written request annually to the Department Administration to approve and account for these positions in the next fiscal year budget. The Department Administration is highly proactive in supporting the training program and our fellows. In 2017, the department administration worked with MCW to increase our fellows' salaries. Currently, the fellows' salary is \$47,476 (\$47,976 second year) and salary is being increased to \$50,000 (\$50,500 second year) for the incoming fellows for 2020-2022. The Department Administrator includes the training program in the budget for the department including post-doctoral fellow salary and fringe benefits, support for the fellowship, and basic resources. The costs of the fellowship program are covered by Division of Neuropsychology clinical revenue, grants and contracts, the MCW Physician Groups (Medical College Physicians for adult practice and Children's Specialty Group for pediatrics), and affiliate hospital support from Froedtert Hospital and Children's Hospital of Wisconsin.

The department provides the Division with support from the Administrator and an Education Assistant to the Department's training programs. The Division of Neuropsychology supports 4 Case Managers/Administrative Assistants and 8 full-time Psychometricians. The Case Managers/Administrative Assistants, along with hospital clinical central scheduling and Department billing and collection services, complete patient scheduling, insurance verification, billing and collections, and clerical assistance for didactics. These support services all provide assistance to postdoctoral fellows.

A computer, typically HP Elite tablet with docking station and double 23-inch monitors, with access to a full array of programs and applications, including Office 2016 and 365, EPIC for electronic record keeping, endnote and SPSS, is provided to each post-doctoral fellow. Electronic and technical support is provided to the fellows by MCW Information and Technology Services. These services, which are the same that are offered to MCW faculty, are sufficient for the work needs of the fellows and are provided

in a timely fashion. The computer is connected to the MCW secure drive for protection of information, convenient sharing of files and backup of work products. Depending on the research needs of the post-doctoral fellow, programs and equipment are available for neuroimaging and more complex computationally intense analyses through the Center for Imaging Research, Language Imaging Lab, research computing core, the Neuroscience Research Center (NRC), and the TBI lab in Neurosurgery. Fellows have free access to statistical consulting through biostatistics and the NRC. The library can also assist with literature reviews and does poster printing for conferences.

Our resources and facilities are compliant with the ADA. The clinic rooms, didactic rooms, and commutes between parking and facilities are handicap accessible. Seminar didactics are in rooms with large projectors and topics are typically presented with visuals (e.g., power point presentations). Materials are shared electronically, and fellows have their own tablets; they are able to increase the size of visually presented materials as needed. One of the three didactic rooms has a circular conference table to allow for visual access to communication, and discussion based didactics take place in this room. Fellows have access to in person and phone language interpreters, including American Sign Language interpreters. Fellows also have access to dictation software as desired.

V. Supervision

The program ensures that supervision is regularly scheduled by having the fellows have routine face to face meetings at least weekly for no less than 2 hours weekly. The onus of the scheduling is on the fellows, who are instructed to make sure to have at least 2 hours of individual supervision per week. Supervisors are required to indicate their weekly average time spend supervising on the evaluation forms as well, to document individual supervision time.

Adult fellows will have 8 regular supervisors (all licensed psychologists, all clinical neuropsychologists, 6 of whom are board certified in clinical neuropsychology) and pediatric fellows will have 4 regular supervisors (all licensed psychologists, all clinical neuropsychologists, 2 of whom are board certified in clinical neuropsychology). The fellows receive supervision from all supervisors during each training year. Fellows have weekly face to face supervision in the course of clinical activities and as scheduled by the fellow and supervisor for no less than two hours of 1:1 supervision weekly. The face to face supervision will include one on one meetings with their supervisor to discuss test selection prior to initiating testing, case formulation prior to writing reports, in person demonstration of testing and interview techniques with their supervisor, and one on one discussion of suggested changes to reports including in-depth discussion of the differential diagnostic process and review of neuroimaging. Direct supervision also occurs throughout the day in specialty clinics such as TBI, neuro-oncology, and Autism Clinic where faculty and fellows work side-by-side with multiple patients discussing cases, reviewing test results and viewing brain scans. The postdoctoral fellowship manual further describes the ways supervision is provided.

The primary supervisor will be Sara Swanson, Division Chief, for the adult fellows, and Amy Heffelfinger, the Director of Clinical Training, for the pediatric fellows.

VI. MCW Aims and Competencies

PROCEDURE

Our evaluation system was developed based on our program's competencies. Each assessment tool has been entered into New Innovations which is the technology platform of choice for MCW.

Each post-doctoral fellow completes a two-year fellowship. At the beginning of their program, a timeline for their evaluations is completed. This information is entered into New Innovations, which sends all evaluations to the students and supervisors electronically. The procedure for sending the evaluations is as follows: The Administrative Assistant sends a request to the Education Assistant one week prior to the end of the rotation. The Education Assistant has access to New Innovations and ensures the request to complete evaluations was sent. The evaluations are sent 2 days before the end of the rotation. Students and supervisors have 7 working days to complete the evaluation.

Once completed, the data is extracted by the Education Assistant who provides the data to our Data Analyst who compiles the data into a functional excel document, compares scores to the designated MLA for level of training, and returns to the education team. The Administrative Assistant, who has arranged the face to face feedback meeting with the student and supervisor(s), provides both the training directors and the student with the summary documents for the meeting.

All evaluations are saved in several iterations: 1) raw data in New Innovations, 2) compiled data in Excel files, and 3) reviewed evaluations signed by supervisors and student and saved as PDFs in a training file a shared group drive accessible only by training supervisors. Once the faculty and fellows review and sign the evaluations, they are given to the Administrative Assistant, who then scans and uploads them to the fellow files in the Groups Drive. They are saved indefinitely.

Education regarding these procedures is provided twice yearly in didactics in addition to at the orientation. This education includes:

- 1) Review of MCW Competencies
 - a. These define our goals for training
 - b. Based on national standards to prepare for entry level practice
- 2) What counts as supervision?
- 3) Introduce MCW Evaluation Scale (given at 6, 12, 18, 23 months)
 - a. Faculty rate based on level of training
 - b. Instruction: Each primary supervisor is to rate fellow based on their demonstrated performance during the previous 6-month rotation
 - i. Supervisors should note competencies that are difficult to rate and why
 - ii. Supervisors indicate if they OBSERVED the competency (see definition of Direct Observation)
 - iii. Competencies that are knowledge-based rather than skill-based should be discussed in supervision to glean their understanding. Results from the APPCN Practice Exam can inform these as well.
 - c. New Innovations gives rater average per competency. A summary table is created with average score and the current average score is compared to the MLA by the data analyst
 - d. Average scores lower than the Minimal Level of Achievement (MLA) require creation of a Competency Development Plan. If the average score is lower than the MLA by $<.5$, the score may be rounded up. These competencies should be considered by the supervisors as to whether the perception is that the individual needs increased focus in that area.

- 4) Introduce Competency Development Plan: Purpose is to identify areas to have increased focus for training, timeline, and plan if not achieved. The MLAs were designed in such a way to identify areas that need more focus, it is expected that some fellows will have a few areas that result in formal competency development plans during their fellowship.
 - a. Instruction: Supervisor or TD should complete a plan for each student as needed. More than 1 competency can be addressed on a form. The plan should be completed with the fellow in the feedback or after, with discussion about what the training program will do, and what the fellow will do. Except when critical, the date for development should be timed with reviews (next 3 month review, next 6 month review).
- 5) Self-assessment/self-reflection evaluation: this form is given to the fellow at 1, 6, 12, 18, 24 months. The goal is for the fellow to rate their perception of their development in each competency. Fellows are encouraged to enter notes regarding areas they specifically want to address and ideas of how they can get that experience. Self-led learning is encouraged, as is training-program learning. Despite being on the same scale of anchors, these scores do not need to match the supervisor reviews.
- 6) Individual Training Plans: Following the initial self assessment, and with support from TD, supervisors and professional mentors, the fellow should select several competencies for more intensive or highlighted education. These can be selected based on areas of less education and training than expected for level of training or based on interest. They should indicate activities to achieve these goals. They are reviewed at the 12 and 23 month reviews.
- 7) MCW Supervisor Evaluations. Each fellow is asked to complete reviews of supervisors based on the following qualities at 6, 12, 18, 23 months. Fellows are instructed to complete evaluations on all supervisors that they have received training, including didactic exposure or mentoring, meaning that all primary supervisors will be rated by all fellows. Questions on the evaluation include:
 - a. Availability and dependability for supervision
 - b. Enthusiasm/interest in teaching
 - c. Encourages and answers questions
 - d. Approachability/openness to feedback
 - e. Acceptance/inclusivity of gender, sex, race, culture and individual differences
 - f. Overall

These evaluations are reviewed by the Education Assistant for any concerning comments needing immediate attention. If there are concerns, the Training Director and/or Department Administer are alerted. The general evaluation data is provided to the Chair of the Department who presents it to each supervisor at their annual reviews.

- 8) NP Program Eval: fellows complete at 6, 12, 18, 24 months based on each goal and objective. If rate less than Satisfactory, an explanation must be given. If a rating of less than Satisfactory is given, then the TD is required to explore further, which may include:
 - a. Talking with current or previous fellows about training experience to determine if isolated concern or general concern
 - b. Talking with other supervisors about how to build education around that objective
- 9) APPCN Written Exam
- 10) Due Process

- a. Should the fellow disagree with components of the Competency Development Plan, the fellow will have the opportunity to appeal what is in the competency development plan.
- b. The Due Process procedures are available on our website and can be obtained from the program coordinator.

11) Exit Interview

- a. The exit interviews are completed by exiting fellows and are reviewed by the program coordinator for any concerns and suggestions on how to better our program. These are then shared with the training director annually.

6 month reviews must be face to face with supervisor(s)

- b. Go over MCW Evaluation Scores, based on broad Goals with specific focus on notable accomplishments and strengths as well as individual competencies below the MLA
- c. Go over the Competency Development Plan
 - i. Identify what the training program is to do
 - ii. Identify what the fellow will do
 - iii. Go over timeline to achieve and outcome if does not
- d. Go over self-assessment/self-reflection and Individual Training Plan
 - i. Discuss areas of note by the fellow. If training program education is required, this should be noted and assigned. If the fellow is going to do self-guided learning, this should be noted and assigned.
 - ii. If the supervisors note a discrepancy between supervisor rating and fellow self-rating, these discrepancies can be discussed. For example, if a fellow thinks they consistently display a skill but the supervisors think it is only somewhat displayed, this should be discussed.

Aims and Competencies

Aim 1) To train residents to have foundational competencies unique to Clinical Neuropsychology but common across functional domains

Competency A) To train residents to have foundational competencies in professionalism

Competency B) To train residents to have foundational competencies in assessment, treatment, and consultation as it relates to individual and multicultural differences

Competency C) To train residents to have foundational competencies in ethical neuropsychological practices

Competency D) To train residents to have foundational competencies in professional relationships

Competency E) To train residents to have foundational competencies with skills to critically evaluate and integrate research relevant to clinical practice

Competency F) To train residents to have foundational competencies to produce scholarly work

Aim 2) To train residents to have advanced skill in neuropsychological assessment, treatment and consultation sufficient to practice on an independent basis

Competency A) To train residents to have advanced skill in neuropsychological assessment

Competency B) To train residents to have advanced skill in neuropsychological intervention and consultation

Aim 3) To train residents to have advanced understanding of brain-behavior relationships

Competency A) To train residents to have advanced understanding of neuroanatomy and neural systems

Competency B) To train residents to have advanced understanding of neuropsychological functions

Competency C) To train residents to have advanced understanding of neuropsychological development across the lifespan

Aim 4) To provide training in teaching, supervision, and mentoring

Competency A) To provide training in teaching, supervision and mentoring

Aim 5) To educate residents regarding the business practices of Clinical Neuropsychology

Competency A) To provide education regarding insurance and billing issues, clinical productivity, and practice management

Aim 6) To educate residents regarding Psychology and Neuropsychology's governing bodies, boards, and organizations

Competency A) To educate regarding Psychology and Neuropsychology's governing bodies, boards, and organizations

VII. Competency Development Plan

PROCEDURE

- 1) Form(s) are generated based on algorithm for competences that are below Minimum Level of Achievement (MLA) on the Faculty Evaluation of Fellow Form
- 2) Prior to the review meeting, faculty complete the initial portions of the Competency Development Plan
- 3) Review meeting occurs: areas requiring Development are reviewed as well as the proposed plan proposed by faculty
- 4) During review meeting, timeline and date for review of progress is established and documented on Competency Development Plan form.

- 5) If the fellow disagrees with the need for the Competency Development Plan, then Due Process is initiated.
- 6) Fellow and TD/appointed faculty member schedule a meeting to review the Competency Development Plan following the specified time frame. During that meeting, progress toward outlined goals is reviewed and documented.
- 7) If goals are not met, then consequences and plan for further development are reviewed. It is then the responsibility of the faculty and fellow to outline new goals, actions, and timeline.
- 8) It is anticipated that in most cases, the Competency Development Plan will facilitate significant progress, so that the fellow will meet the Minimal Level of Achievement (MLA) required by the program. The Training Director, Division Chief, and Department Administrator have the power to determine that a fellow is unable to achieve program goals.

VIII. Grievances and Due Process

Purpose

We are committed to providing a professional learning environment and supportive culture for all trainees. This policy describes the procedure to use regarding trainee concerns that may arise during training regarding unfair treatment by the faculty, staff or other trainee. Such complaints and grievances include, but are not limited to, evaluations, probation, non-promotion to the next level of training or the professional environment.

Definitions

Complaint: An oral statement provided by a trainee member to the Program Director or other member of the staff expressing dissatisfaction with some aspect of the program, a faculty member, another trainee member or other program related issues which has resulted in a negative impact to the complainant.

Grievance: A written statement provided by a trainee member to the Program Director or Department Chair expressing dissatisfaction with some aspect of the program, a faculty member, another trainee member or other program related issue which has resulted in a negative impact to the complainant.

POLICY

Trainee may assert a complaint or grievance as outlined below. Retaliation against trainee for asserting a complaint or grievance will not be tolerated. Every effort will be made to resolve the complaint or grievance fairly and promptly.

Complaint and Grievance Process

- 1) Trainee concerns, complaints and grievances regarding the work environment, evaluations, probation, or non-promotion to the next level of training should be addressed using the following process:

- a. Trainee should address concerns or complaints with the appropriate person(s) in a professional manner.
 - b. Trainee may raise concerns either verbally or in writing to his/her Program Director. If the complaint is provided verbally, it is the responsibility of the individual receiving the complaint to summarize the complaint in writing and request the Trainee member confirm that the summary accurately reflects the substance of their concern.
 - c. If the trainee does not feel comfortable raising an issue with his/her Program Director, or if there is dissatisfaction with the Program Director's response or action, the trainee should contact the Division Chief or Department Chair.
- 2) If the complaint remains unresolved after taking the above steps, the trainee should report his/her complaint or grievance to the Associate Dean of Graduate Medical Education or the MCW OMBUDS office. In this case, an alternate person may be identified to review the matter who may consult with other faculty, the Program Director, the Chair of the Department or other senior leaders of the Medical College of Wisconsin to gain additional insight and to facilitate a resolution of the complaint.

MCW Neuropsychology Due Process

- 1) Should the fellow disagree with components of the Competency Development Plan, the fellow has the opportunity to appeal what is in the competency development plan.
- 2) In New Innovations, the fellow completes an open text box to initiate an Appeal.
- 3) This appeal should include a detailed description of the trainee's rationale for disagreement. At minimum, it should list the items the fellow disputes and include a description as to why for each item.
- 4) A notification of appeal is sent to the appointed faculty member (whoever has taken ownership of the competency development plan).
- 5) Details of the disputed items in the appeal (including descriptions for each item) go to assigned mediator (i.e., Amy H. for adult faculty and Sara S. for peds faculty).
- 6) The mediator reviews the Competency Development Plan and the Appeal. An individualized plan is then established to resolve the dispute.
- 7) The proposed plan of action for dispute resolution is then reviewed with the fellow and involved faculty as necessary. Revisions will be made to the Competency Development Plan as appropriate.
- 8) Should a resolution for the Competency Development Plan not be reached, the fellow and faculty are responsible for contacting the MCW Ombuds Office at 414-266-8776 (Confidential Line) mcw.edu/Ombuds.

IX. Separation

POLICY

A. Resignation

Employees need to know the proper amount of notice to give should they plan to resign from their employment with MCW. Unless otherwise adjusted between the employee and the supervisor, proper notice of resignation is as follows:

1. Exempt staff are requested to give at least a four week notice prior to the effective date of resignation. Neuropsychology fellows are exempt staff.
2. Non-exempt staff are requested to give a 14 day notice prior to the effective date of resignation.

To separate in good standing and assure eligibility for rehire, employees must comply with timely resignation requests and work through the notice period. A resignation, oral or written, received by the immediate supervisor is effective unless specifically reversed in writing by the supervisor with concurrence from the Office of Human Resources. The resignation date is the last day the employee was physically present performing work at the work site. The department and MCW reserve the right to accept an employee's resignation immediately, regardless of the date given in the resignation notice.

B. Discharge

In the event that unsatisfactory behavior/work performance continues after the progressive disciplinary process has been initiated, it may be appropriate to terminate the employee. In some instances, the severity of the rule infraction or work performance violation may be so great as to warrant discharge without any prior notice or warning.

PROCEDURE

A. Resignation

Employees should submit their resignations in writing to their immediate supervisor, giving the reason for their resignation. A copy of the resignation letter should be forwarded immediately to the Office of Human Resources by the supervisor for inclusion in the employee's personnel file. Verbal resignations must be immediately confirmed in writing by the supervisor, giving reasons for the resignation, and a copy should be forwarded immediately to the Office of Human Resources.

B. Discharge

The Supervisor must obtain approval from the Department Administrator and the Director of Human Resources and Organizational Development (or his/her designee) prior to discharging an employee. Notification of a discharge recommendation must be given in a manner that allows the above mentioned individuals adequate time to review the facts and thoroughly investigate/discuss the situation prior to discharge action taking place. In the event that appropriate consultation cannot take place, the supervisor may send an employee home without pay until an appropriate investigation has occurred. If such investigation finds the employee was not at fault, pay for any lost time will be provided.

All notifications of discharge must be in writing. The discharge letter will contain the following information:

1. The specific performance deficiency or rule of employee conduct that was violated;
2. The date(s) of the most recent violation or performance problem;
3. Specific reference to previous disciplinary suspensions, written warnings, and oral reprimands;
4. Description of efforts made to assist the employee to correct the problem; and
5. The effective date of discharge.

Discharge letters must be signed by the Supervisor with a copy sent to the Director of Human Resources and Organizational Development or his/her designee.

C. Separation

After an employee's resignation or discharge, the supervisor must do the following:

1. Forward all campus ID access cards, name badges, and keys to the Office of Public Safety;
2. Secure all other MCW property such as telephones, pagers, and equipment;
3. Notify Information Systems to disable all computer system access;
4. Notify Telecommunications to void voicemail password;
5. Electronically submit the termination action within appropriate Office of Human Resources systems.
 - a. Submit termination as soon as the employee's last day of work has been determined. Please note that in the event of discharge, the date of discharge is the last day of work.
6. Collect personal possessions the employee left at the work site and mail to the employee's home.

Employees who have been discharged from employment or fail to provide proper resignation notice are not eligible for rehire by MCW. Employees paid for time not worked must repay any overage. Failure to do so will result in the employee being ineligible for rehire. Any accrued vacation, if eligible in accordance with the Staff Paid Time Off Policy, will be paid out to the employee in a lump sum on the final paycheck and allocated to future weeks for the purposes of unemployment compensation. Employees rehired into a position at MCW after the end of employment, are not eligible for reinstatement of benefits, except where otherwise stated by benefits policy or Summary Plan Description.

X. Maintenance of Records

All evaluations are saved in several iterations: 1) raw data in New Innovations, 2) compiled data in Excel files, and 3) reviewed evaluations signed by supervisors and student and saved as PDFs in a training file a shared group drive accessible only by training supervisors. Once the faculty and fellows review and sign the evaluations, they are given to the Administrative Assistant, who then scans and uploads them to the fellow files in the Groups Drive. All records are saved indefinitely.

