

**University at Albany**  
**Approval Form**  
**On-Campus Research/Scholarship Continuity**

The University at Albany (UAlbany) Project Leaders, i.e., principal investigators, faculty advisors, and laboratory supervisors, planning to resume or continue research and scholarly activities that require on-campus presence **must provide all information requested in this document** *at least* one week prior to commencing such activities. Any and all tasks that can be performed using online access (for example, data analysis, modeling, computations, manuscript preparation, proposal writing, presentations, and meetings to discuss projects and their management, etc.) should be conducted remotely.

**Instructions**

Please complete this form and provide all relevant information. Incomplete plans will not be approved and may cause unnecessary delays. On-campus activities may commence only after receiving the final approval from the Division for Research.

**Project Leader**

Project Leader Name (First and Last): \_\_\_\_\_ Title: \_\_\_\_\_

Laboratory/Research Group Name/Identifier: \_\_\_\_\_

Department/Institute/Center: \_\_\_\_\_ College: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

**Project**

Provide a title or short description that best describes the research, scholarly activity, or the project.

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**Project Team**

List individuals whose on-campus presence is essential for the project.

| <u>Name</u><br>(first, last) | <u>Title</u><br>(staff, grad student,<br>postdoc) | <u>Email Address</u> |
|------------------------------|---|----------------------|
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\*Attach separate sheet to  
add more names.

**Justification for On-campus Access**

Please explain specifically what work must be performed on-campus.

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**Laboratory, Studio, or Work-spaces**

List below all spaces that will be used for your project under your supervision.

| <b><u>Building Name, and<br/>Room Number</u></b> | <b><u>Type of Space and Nature of Access</u></b><br>(Laboratory, shared facility, workshop,...) |
|--|---|
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**Personnel Safety**

I have read the *Personnel Safety recommendations* by UAlbany's Research/Scholarship Continuity Task Force, and the information in referenced documents on websites therein. I am responsible for informing all Project Team members and their compliance with these guidelines.

Project Leader's Initials \_\_\_\_\_

**Laboratory/Studio Planning and Preparation**

I confirm that all pre-opening checks and safety inspections will be performed and recorded in accordance with the [Environmental Health and Safety Checklist](#). (Initial) \_\_\_\_\_

**Laboratory Safety and Compliance**

I certify that all members of the team have undergone laboratory safety and compliance training and will conduct research in full compliance of UAlbany requirements. (Initial) \_\_\_\_\_

This is to confirm that all members of the Project Team have read, understand, and agree to follow the guidelines and protocols pertaining to safe conduct of research/scholarly activity. Any non-compliance will result in the suspension of on-campus activities until corrective measures have been implemented.

Project Leader Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email this form to [research@albany.edu](mailto:research@albany.edu) and copy your department chair or unit administrator and the college/school dean.

***Vice President for Research***

☐ Approved as submitted

☐ Returned for revisions

☐ Approved, subject to conditions below

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Signature: \_\_\_\_\_

(James A. Dias)