DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH (NIH)

DEPARTING NIH EMPLOYEES REQUEST TO REMOVE COPIES OF NIH RECORDS

INSTRUCTION PAGE

This request and any approvals apply strictly to copies of Federal records ("copies"). Under no circumstances shall official records be removed from NIH custody.

NOTICE:

1. Departing NIH employees must request advance approval to remove copies, including copies of unpublished research records or data.
2. NIH staff serving as contractors cannot remove copies unless the contractor has specific authority within their contract to do so. For such contractors, the process is the same as for employees, but please attach the authority under which the request is being made to this Form.
3. All NIH employees should consult with their Institute, Center, or OD Office (ICO) Executive Officer to see if they are eligible to request copies.
4. Former NIH employees who have already departed NIH before requesting the removal of copies must instead submit a FOIA request to obtain any copies.
5. To request approval to remove copies of NIH Records:
   (a) Complete the request section for departing NIH employees below.
   (b) List all the information requested in the table regarding copies being requested for removal.
   (c) Include information about how and where the copies will be used.
   (d) Provide this form for supervisory approval to your supervisor (or Principal Investigator, IC Scientific Director, IC Clinical Director, or ICO Executive Officer).
6. The supervisor will sign and forward the form to the designated ICO Records Liaison, who acknowledges a review of the requested copies and that no restrictions were found.
7. The Records Liaison will forward this form to the appropriately designated ICO Official within the 5 highest-level senior leadership positions or one of their deputies for final approval, then forward it to the NIH Records Officer for clearance.
8. The NIH Records Officer will review the request, and either approve, or deny, and sign it. A copy of the form will then be returned to the Supervisor and Records Liaison, while the original NIH-3000 form is retained in a secured repository managed by the Records Officer.
9. If a CDA/NDA is required to remove copies, the signed CDA must be submitted along with the completed NIH-3000 form.
10. Unless there are extenuating circumstances, the NIH-3000 form must be submitted no less than 45 business days before the departure date of the Requestor.
11. Please refer to NIH Policy Manual 1743 - Managing Federal Records for the complete policy, definitions, responsibilities, and procedures. For questions, please consult the NIH Records Management Program at nihrecordsmanagement@nih.gov.

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DEPARTING NIH EMPLOYEE INFORMATION

NAME	TITLE

EMAIL	PHONE NO.

IC/OD OFFICE

Description of Copies Requested

A. General categories of copies *(Please use the categories to fill in section B, 'category' column)*:

1. Requestor's own lab notebooks
2. Instrument data for Requestor's own experiments
3. Requestor's own presentations containing unpublished data.
4. Manuscript and/or posters in stages of development, on which Requestor is an author, containing unpublished data.
5. Draft and final reports, policies, or other administrative material on which the Requestor is an author or contributor
6. Correspondence sent or received by the Requestor
7. Other:

B. Fill out the following information for each copy to be removed in consultation with your ICOs Records Liaison. *(Additional pages are available at the end of the form)*

Category	RSS Item No.	Record Series	Record Description	Volume	Purpose	Professional/ Personal Use
						Select one
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Country(ies) where copies will be used:

For copies that will be used professionally, list the institution(s) where copies will be used:

SUPERVISORY APPROVAL

Approval to remove copies of Federal records is required by the departing NIH Employee Supervisor (or responsible Principal Investigator, IC Scientific Director, IC Clinical Director, or ICO Executive Officer).

NAME	TITLE
EMAIL	PHONE NO.

☐ If appropriate, a Confidential Disclosure Agreement (CDA) is in place (e.g., if any of the copies contain proprietary information or could be used by NIH in filing a patent application). If not, contact the ICO's Technology Development Coordinator. **If a CDA is required, please attach it to this form.**

By approving this request, I affirm that the following conditions have been met, and to the best of my knowledge, the copies:

☐ Do not contain information that would be considered an enabling disclosure that could prevent the patenting of an associated invention. Or, I confirm that the inventors and their institutions do not intend to patent any such invention. If not, contact the ICO's Technology Development Coordinator.

☐ Have no restrictions on sharing. For example, no information in the records was obtained under an agreement, such as a CDA, Material Transfer Agreement (MTA), or Cooperative Research and Development Agreement (CRADA), with an outside party containing confidentiality requirements. If restrictions are unknown, consult with the ICO's Technology Development Coordinator.

☐ Do not originate from human subjects research. Or, if originating from human subjects research, meet the requirements set forth in NIH Policy Manual 3014-300, Investigator Responsibilities. For more information, contact irb@od.nih.gov.

☐ Do not contain Personally Identifiable, Sensitive, or Controlled Unclassified Information. If uncertain, contact privacy@mail.nih.gov.

☐ Are not currently subject to a litigation hold. To confirm, please contact NIHLitigationHold@od.nih.gov.

☐ Are not to be exempt from a FOIA request, or if exempt from a FOIA request, I confirm understanding that removing the records may hamper the agency's ability to withhold the records in response to a FOIA request. For more information, contact nihfoia@mail.nih.gov.

☐ Do not contain Controlled Unclassified Information (CUI). To confirm, please contact the ICO Records Liaison.

☐ Are, in fact, copies of records and not the official Federal record. Original Federal records shall remain in NIH custody. For more information, contact nihrecordsmanagement@nih.gov.

List any restrictions on future use of copies of records:

SIGNATURE	☐ Approved ☐ Denied

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RECORDS LIAISON REVIEW

A records review was completed of the copies, and no restrictions to the removal were found.

NAME	TITLE
EMAIL	PHONE NO.

FINAL ICO APPROVAL

Must be signed by an appropriately designated ICO official within the 5 highest-level senior leadership positions or one of their deputies.

Once a final ICO decision is received, provide this form and signed CDA, if applicable, to the NIH Records Officer for final approval at nihrecordsmanagement@nih.gov.

NAME	TITLE
EMAIL	PHONE NO.
SIGNATURE	☐ Approved ☐ Denied
COMMENT	

NIH RECORDS OFFICER APPROVAL

Once a final ICO decision is received, provide this form and signed CDA, if applicable, to the NIH Records Officer for final approval at nihrecordsmanagement@nih.gov.

NAME	NIH RECORDS OFFICER
EMAIL	PHONE NO.
SIGNATURE	☐ Approved ☐ Denied
COMMENT	

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