

**National Health Research Institutes
Exit Interview & Acknowledgement of Restrictions**

Employee Name: _____ Unit: _____
Position Title: _____ Supervisor/PI: _____
Dates of Employment: _____ to _____ Reason for leaving: _____

A. According the Employment Agreement made between the National Health Research Institutes (the NHRI) and the undersigned employee, here are restrictions to duly inform the undersigned employee as to protect the intellectual property rights, relevant confidential information, and the benefits of the NHRI

B. By completing and signing this Acknowledgement, the undersigned acknowledges his/her full understanding and obligation not to breach the following Restrictions on:

___ 1. **Completing Job / Research Materials and Research Results Transfer**

When my employment with the NHRI terminates, I will immediately deliver to the NHRI all copies of any and all materials, lab notebooks, lab technology materials, research results, Intellectual documents and materials received from, created from, or belonging to the NHRI

___ 2. **Removing NHRI Documents and Electronic Records (Digital Data)**

Unless authorized by the President of the NHRI, I will deliver to the NHRI all copies of any and all documents, writings, and electronic records (Digital Data) of research results and/or invention/technology received from, created from, or belonging to the NHRI, including, but not limited to, those which relate to or contain Confidential Information.

___ 3. **Restrictions on Disclosure of Confidential Information**

I will not, directly or indirectly, use, make available, sell, disclose or otherwise communicate to any third party, any of the NHRI's Confidential Information, after my employment with the NHRI

___ 4. **Restrictions on Reproduction of Research Results**

Unless authorized by the President of the NHRI, I agree not publish, disclose, reproduce, or otherwise disseminate the research results of my work during my employment at NHRI I shall not make copies of or otherwise reproduce Confidential Information unless there is a legitimate need of the NHRI for reproduction

___ 5. **Patents**

I acknowledge that I shall not infringe the Intellectual Property Rights or Patents owned by the NHRI

___ 6. **Obligation to Inform Inventions resulted from Work Results Created during the Employment in NHRI**

I understand I have the obligation to inform the NHRI of any later invention that covers research results created, or done during my employment in NHRI after my termination. I will submit request for written authorization by the President of the NHRI to use or reproduce such work results and information in time of need.

___ 7. **Restrictions on Solicitations of Employees**

I acknowledge that I am aware that Solicitations of Employees in NHRI is prohibited and may be highly prejudicial to its interests, an invasion of privacy, and an improper disclosure of trade secrets and technical information

C I understand that the following Termination Procedures shall be completed:

- 1 Completing the NHRI Job Transfer/Resignation Hand Over Check List as attached
- 2 Completing the NHRI Termination Form (as attached) or via the NHRI E-Form Information Application System.

Signature: _____ Date: _____
(print name)