POLICY ON MAKING AND RESPONDING TO ALLEGATIONS OF RESEARCH MISCONDUCT

I. INTRODUCTION

A. GENERAL POLICY

California State University, Fresno ("Fresno State") endorses the belief that honesty and integrity in the pursuit and dissemination of knowledge are two of the most important values of the academy. Accordingly, it is expected that Fresno State administrators, faculty, staff, students and research managers shall cooperate to maintain high standards of ethical behavior in the conduct of scientific research. Accuracy, validity and reliability should be the hallmarks of research results generated in the scientific enterprise. To this end, the university requires that all researchers be aware of and abide by the code of ethics established by their professions or disciplines.

This document spells out the policies and procedures for reporting and investigating allegations of research misconduct, and for the required notifications to external agencies, including federal agencies, of such allegations and investigations. This policy addresses only research misconduct as defined below. Allegations of misconduct outside the scope of this policy should be directed to the appropriate administrator for investigation.

Sponsoring agencies expect that the university will exercise the primary responsibility for ensuring the integrity of and the accountability for the scientific research conducted by faculty and for addressing misconduct in science. Integrity of the research process requires adherence by scientists to honest and replicable methods. Compliance with the regulations of these agencies requires that the university provide assurances on (a) how allegations of research misconduct in research or research training (and applications for it) will be addressed and (b) how the university fosters a research environment and promotes education that discourages research misconduct.

The standard is one of fairness and truthfulness whereby the intent to deceive or reckless disregard for the truth is evident. Misconduct comes at a high price for scientists and for the public. Cases of misconduct in science involving fabrication, falsification, and plagiarism breach the trust that allows scientists to build on the work of other researchers and permits policymakers and others to make decisions based on scientific evidence and judgment. Hence, it is important for scientists to demonstrate accountability that accompanies investment in research.

University policy prohibits the illegal and unethical behavior, described herein as "research misconduct." The university will take steps to prevent retaliation against any individual, who, acting in good faith, reports or provides information about suspected research misconduct. The Research Integrity Officer will monitor the treatment of individuals who report or provide information about the suspected misconduct, as well as the treatment of the respondent who has been cleared. Any instances of alleged or apparent retaliation will be immediately

investigated and stopped.

To promote responsible conduct of research, the University will educate the community through workshops about this policy, proper research conduct, and authorship fairness.

B. SCOPE

This policy and the associated procedures apply to all individuals at Fresno State engaged in research that is supported by or for which support is requested from Public Health Service (PHS) or National Science Foundation (NSF). Research includes proposals, projects, and results in all fields of science, engineering, mathematics, and education. The PHS regulation at 42 C.F.R. Part 93, Subpart A applies to any grant proposal submitted to the PHS, any research funded by the PHS, or any results reported to the PHS. The NSF regulation at 45 C.F.R. Part 689 applies to any grant proposal submitted to the NSF, any research funded by the NSF, or any results reported to the NSF. This policy applies to any person paid by, under the control of, or affiliated with the institution, such faculty, students, scientists, trainees, technicians and other staff members, fellows, guest researchers, or collaborators at Fresno State.

C. DEFINITIONS

1. Research misconduct is defined as fabrication, falsification, plagiarism, or other practices that significantly deviate from those commonly accepted within the scientific community for proposing, conducting, evaluating**,** or reporting research. It does not include honest error, or honest differences in interpretations or judgments of data.

a. *Fabrication* is making up data or results and recording or reporting them.

b. *Falsification* is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.

c. *Plagiarism* is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit.

2. *Allegation* means any written or oral statement or other indication of possible research misconduct made to an institutional official.

3. *Conflict of interest* means the real or apparent interference of one person's interests with the interests of another person, where potential bias may occur due to prior or existing personal or professional relationships.

4. *Deciding Official* means the Provost and Vice President for Academic Affairs (Provost)*, the Fresno State official who makes final determinations on allegations of research misconduct and any responsive institutional actions.

5. *Good faith allegation* means an allegation made with the honest belief that research misconduct may have occurred. An allegation is not in good faith if it is made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

* See Addendum for name and contact information of person holding indicated title

6. *Inquiry* means gathering information and initial fact-finding to determine whether an allegation or apparent instance of research misconduct warrants an investigation.

7. *Investigation* means the formal examination and evaluation of all relevant facts to determine if misconduct has occurred, and, if so, to determine the responsible person and the seriousness of the misconduct.

8. *NSF* means the National Science Foundation. NSF regulation means the National Science Foundation regulation establishing standards for institutional inquiries and investigations into allegations of research misconduct, which is set forth in 45 C.F.R. Part 689, entitled "Research Misconduct."

9. *ORI* means the Office of Research Integrity, the office within the U.S. Department of Health and Human Services (DHHS) that is responsible for the research misconduct and research integrity activities of the U.S. Public Health Service.

10. *PHS* means the U.S. Public Health Service, an operating component of the DHHS.

11. *PHS regulation* means the Public Health Service regulation establishing standards for institutional inquiries and investigations into allegations of research misconduct, which is set forth at 42 C.F.R. Part 93, Subpart A, entitled "Responsibility of PHS Awardee and Applicant Institutions for Dealing With and Reporting Possible Misconduct in Science."

12. *Research Integrity Officer* means Associate Vice President for Research and Sponsored Programs (AVPRSP)*, the Fresno State official responsible for assessing allegations of research misconduct and determining when such allegations warrant inquiries and for overseeing inquiries and investigations.

13. *Research record* means any data, document, computer file, computer diskette, or any other written or non-written account or object that reasonably may be expected to provide evidence or information regarding the proposed, conducted, or reported research that constitutes the subject of an allegation of research misconduct. A research record includes, but is not limited to, grant or contract applications, whether funded or unfunded; grant or contract progress and other reports; laboratory notebooks; notes; correspondence; videos; photographs; X-ray film; slides; biological materials; computer files and printouts; manuscripts and publications; equipment use logs; laboratory procurement records; animal facility records; human and animal subject protocols; consent forms; medical charts; and patient research files.

14. *Respondent* means the person against whom an allegation of research misconduct is directed or the person whose actions are the subject of the inquiry or investigation. There can be more than one respondent in any inquiry or investigation.

15. *Retaliation* means any action that adversely affects the employment or other institutional status of an individual that is taken by an institution or an employee because the individual has in good faith, made an allegation of research misconduct or of inadequate institutional response thereto or has cooperated in good faith with an investigation of such allegation.

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16. *Research misconduct or misconduct in science* means fabrication, falsification, plagiarism, or other practices that seriously deviate from those that are commonly accepted within the scientific community for proposing, conducting, or reporting research. It does not include honest error or honest differences in interpretations or judgments of data.

17. *Whistleblower* means a person who makes an allegation of research misconduct.

II. REPORTING RESPONSIBILITY

1. Individuals who believe or have knowledge that an act of research misconduct is occurring or has occurred shall notify the Research Integrity Officer orally or in writing.[1] The oral or written allegation(s) shall include a description of the nature of the perceived misconduct and any evidence in support of such claims. No anonymously delivered allegations will be acted upon.

2. Research Integrity Officer shall immediately notify Provost* of any allegations that are under inquiry.

3. Associate Vice President for Research and Sponsored Programs (AVPRSP)* shall advise all levels of review with regard to research issues, including government policies and regulations of the relevant funding agency. AVPRSP* serves as the Research Integrity Officer.

4. Associate Vice President for Faculty Affairs* shall be consulted with regard to due process rights of the respondent and other procedural questions.

III. CAUTIONS AND ASSISTANCE

The gathering and assessing of information in case of alleged research misconduct can be extremely difficult. Confidentiality is essential to protect the academic and professional reputations of those involved, as well as the interest of the public and of anyone who might be harmed by the alleged misconduct. Every attempt should be made to assure that any inquiry or investigation is done in a timely, fair, objective, competent and thorough manner**.** In the course of conducting inquiries or investigations, the following provisions are applicable.

1. Expert assistance, including from outside the university, should be sought as necessary to conduct a thorough and authoritative evaluation of all evidence.

2. Precautions should be taken to avoid real or apparent conflicts of interest on the part of those involved in the inquiry or investigation.

3. Care should be taken in the preparation and maintenance of all documentation relevant to the inquiry or investigation.

4. The anonymity of accused individuals and, if they wish it, the confidentiality of those who in good faith reported the alleged misconduct, should be protected to the maximum extent possible, and care should be taken to protect their positions and reputations. Except as required in the reporting provisions of this document, only those directly involved in an inquiry or

[1] Allegations of misconduct against a dean or other administrator should be reported directly to the Provost* or President*, as appropriate.

* See Addendum for name and contact information of person holding indicated title

investigation should be aware that the process is being conducted or have any access to information obtained during its course.

5. The university shall take all reasonable steps to ensure that neither any panel member nor any other person involved in the procedures is either biased against the accused person(s) or has a conflict of interest.

IV. PRELIMINARY INQUIRY

1 Upon receipt of an allegation of research misconduct,[2] the Research Integrity Officer shall immediately initiate the inquiry process and shall so inform the Provost*. The purpose of the inquiry is to make a preliminary evaluation of the available factual evidence and testimony of the respondent, whistleblower, and key witnesses to determine whether there is evidence of possible research misconduct to warrant an investigation. The purpose of the inquiry is not to reach a final conclusion about whether misconduct definitely occurred or who was responsible. The findings of the inquiry must be set forth in an inquiry report. It is preferable, but not required, that the preliminary inquiry committee meetings be audio recorded.

2 Should the Research Integrity Officer have a real or apparent conflict of interest with the case, the Provost* shall designate another university administrator to conduct the preliminary inquiry.

3. The inquiry shall be conducted by the Research Integrity Officer and governed by the procedures identified below.

a. Appointment of the Inquiry Committee

The Research Integrity Officer, in consultation with other institutional officials as appropriate, will appoint an inquiry committee and committee chair within 10 days of the initiation of the inquiry. The inquiry committee should consist of individuals who do not have real or apparent conflicts of interest in the case, are unbiased, and have the necessary expertise to evaluate the evidence and issues related to the allegation, interview the principals and key witnesses, and conduct the inquiry. These individuals may be scientists, subject matter experts, administrators, lawyers, or other qualified persons, and they may be from inside or outside the institution. The Research Integrity Officer will notify the respondent of the proposed committee membership in 10 days. If the respondent submits a written objection to any appointed member of the inquiry committee or expert based on bias or conflict of interest within 5 days, the Research Integrity Officer will determine whether to replace the challenged member or expert with a qualified substitute.

b. Charge to the Committee and the First Meeting

The Research Integrity Officer will prepare a charge for the inquiry committee that describes the allegations and any related issues identified during the allegation assessment and states that the purpose of the inquiry is to make a preliminary evaluation of the evidence and testimony of the respondent, whistleblower, and key witnesses to determine whether there is sufficient evidence of possible research misconduct to warrant an investigation as required by the PHS regulation. The purpose is not to determine whether research misconduct definitely occurred or who was responsible. At the committee's first meeting, the Research Integrity Officer will review

[2] If a case comes from an agency that has already conducted an inquiry, the university reserves the right to conduct a separate inquiry after reviewing the materials supplied by the agency and the findings reached by the agency.

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the charge with the committee, discuss the allegations, any related issues, and the appropriate procedures for conducting the inquiry, assist the committee with organizing plans for the inquiry, and answer any questions raised by the committee. The Research Integrity Officer and institutional counsel will be present or available throughout the inquiry to advise the committee as needed.

c. Inquiry Process

The respondent will be provided with written notification of the allegation. The inquiry committee will interview the whistleblower, the respondent, and key witnesses as well as examining relevant research records and materials. Then the inquiry committee will evaluate the evidence and testimony obtained during the inquiry. After consultation with the Research Integrity Officer and institutional counsel, the committee members will decide whether there is sufficient evidence of possible research misconduct to recommend further investigation. The scope of the inquiry does not include deciding whether misconduct occurred or conducting exhaustive interviews and analyses.

4. The Inquiry Report

a. Elements of the Inquiry Report

A written inquiry report must be prepared that states the name and title of the committee members and experts, if any; the allegations; the PHS support; a summary of the inquiry process used; a list of the research records reviewed; summaries of any interviews; a description of the evidence in sufficient detail to demonstrate whether and investigation is warranted or not; and the committee's determination as to whether an investigation is recommended and whether any other actions should be taken if an investigation is not recommended. Institutional counsel will review the report for legal sufficiency.

b. Comments on the Draft Report by the Respondent and the Whistleblower

The Research Integrity Officer will provide the respondent with a copy of the draft inquiry report for comment and rebuttal and will provide the whistleblower, if he or she is identifiable, with portions of the draft inquiry report that address the whistleblower's role and opinions in the investigation.

Within 14 calendar days of their receipt of the draft report, the whistleblower and respondent will provide their comments, if any, to the inquiry committee. Any comments that the whistleblower or respondent submits on the draft report will become part of the final inquiry report and record. Based on the comments, the inquiry committee may revise the report as appropriate.

5. Inquiry Decision and Notification

a. Decision by Deciding Official

The Research Integrity Officer will transmit the final report and any comments to the Deciding Official, who will make the determination of whether findings from the inquiry provide sufficient evidence of possible research misconduct to justify conducting an investigation. The inquiry is completed when the Deciding Official makes this determination, which will be made within 60 days of the first meeting of the inquiry committee. Any extension of this period will be based on good cause and recorded in the inquiry file.

b. Notification

The Research Integrity Officer will notify both the respondent and the whistleblower in writing of the Deciding Official's decision of whether to proceed to an investigation and will remind them of

their obligation to cooperate in the event an investigation is opened. The Research Integrity Officer will also notify all appropriate institutional officials of the Deciding Official's decision.

6. Time Limit for Completing the Inquiry Report
The inquiry committee will normally complete the inquiry and submit its report in writing to the Research Integrity Officer no more than 60 calendar days following its first meeting unless the Research Integrity Officer approves an extension for good cause. If the Research Integrity Officer approves an extension, the reason for the extension will be entered into the records of the case and the report. The respondent also will be notified of the extension.

The report and all supporting records, documents, testimony, and information will be immediately sequestered and secured by the Research Integrity Officer, who will keep all records for a minimum of 7 years.

Sequestration involves requesting all relevant files from the Respondent so they can be assessed by the committee. An attorney may accompany the Research Integrity Officer. Receipts are signed to indicate the records removed. Copies of records will be provided upon request. The records will be stored in a secure location and will be inventoried.

The Research Integrity Officer immediately will notify ORI if there is an admission of guilt.

V. REPORTING OF HAZARDS AND VIOLATIONS

Notwithstanding any other provision in these procedures, and regardless of the stage at which the matter is being handled, the Research Integrity Officer shall be informed immediately if any of the following circumstances are discovered:

a) an immediate health hazard;

b) an immediate need to protect federal or university funds or equipment;

c) an immediate need to protect the whistleblower; the respondent; or witnesses;

d) likelihood that an alleged incident will be reported publicly;

e) a reasonable indication of possible criminal violation of federal or state law.

VI. FORMAL INVESTIGATION

1 If the Deciding Official decides that a more detailed, formal investigation is warranted to determine if there was fabrication, falsification or plagiarism, the Deciding Official shall immediately initiate a formal investigation. The purpose of the investigation is to examine the evidence and to reach a final conclusion about whether misconduct occurred and who was responsible.

2 Should the Deciding Official have a real or apparent conflict of interest with the case, the President* of the University shall designate another university administrator to conduct the investigation.
3 The investigation shall be conducted by the Investigation Panel and governed by the procedures identified below.

* See Addendum for name and contact information of person holding indicated title

a. Appointment of the Investigation Panel

The Deciding Official will appoint an Investigation Panel of three impartial investigators after consultation with the Chair of the Personnel Committee of the Academic Senate*, the Chair of the Academic Policy & Planning Committee*, the Associate Vice President for Research and Sponsored Programs*, and the Associate Vice President for Faculty Affairs*. The investigators shall be impartial tenured Professors who have been involved in scientific research and/or grant administration. The investigators shall have no potential or real conflicts of interest with the respondent or his/her research. The Investigation Panel shall elect a chair from its membership.

b. Charge to the Investigation Panel and First Meeting

The Investigation Panel chair will prepare a charge for the Investigation Panel that describes the allegation(s) and states that the purpose of the investigation is to examine the previously gathered evidence and to reach a final conclusion about whether research misconduct definitely occurred and who was responsible.

At the Investigation Panel's first meeting, the chair will discuss the allegation(s) with the Investigation Panel, any related issues, and the appropriate procedures for conducting the investigation, and answer any questions raised by the Investigation Panel. The Research Integrity Officer, Provost*, and/or institutional counsel will be present or available throughout the inquiry to advise the Investigation Panel as needed.

c. Investigation Timeline

Before the Investigation begins, the Research Integrity Officer will notify ORI about the impending investigation.

The Investigation Panel will discuss the investigation procedures with the Deciding Official before beginning investigation and agree on an investigation timeline. The Investigation Panel shall meet within thirty (30) days of the completion of the inquiry.

d. Investigation Procedures

The investigation shall generally be governed by the procedures identified below in accordance with ORI recommendations.

i. The investigation will involve examination of all documentation collected by the Inquiry Committee including, but not limited to, relevant research records, computer files, proposals, manuscripts, publications, correspondence, memoranda, and notes of telephone calls.

ii. If needed, the whistleblower, respondent and key witnesses shall be interviewed again and the interviews audio recorded. The interview recordings should be part of the file.

iii. Should the investigation involve the Public Health Service or the National Science Foundation, the respective guidelines contained in the Code of Federal Regulations should be consulted. For the Public Health Service, the reference is 42 CFR 50 et seq. For the National

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Science Foundation, the reference is 45 CFR 689.1 et seq. See also Section VII below.

e Written Report

The written investigation report shall contain:

i. a description of the policies and procedures followed;

ii. a list of relevant documents and other evidence reviewed;

iii. a clear statement of the findings and the basis for them;

iv. A finding of research misconduct must be based on factual findings of: (1) significant departure from accepted practices of the relevant research community; and (2) intentional, knowing, or reckless action.

v. A finding of research misconduct must be proven by a preponderance of the evidence.

vi. And a statement whether or not the Deciding Official should consider taking an appropriate personnel action without specifying what that action might be.

vii. The respondent shall be provided a copy of the draft report and provided seven (7) days to comment in writing to the Investigation Panel. These comments shall be appended to the report submitted to the Deciding Official.

viii. After considering the written comments of the respondent (if any), a written report, including any recommendations, shall be forwarded to the Deciding Official.

ix. A written report shall be submitted to the Deciding Official no later than ninety (90) days from the appointment of the Investigation Panel. If this time frame is not possible, the reasons are to be documented in writing and the Deciding Official so informed as quickly as possible.

x. If termination of the investigation is contemplated by the Deciding Official prior to the completion of the report by the Investigation Panel, this should be discussed with the Investigation Panel and with the Research Integrity Officer.

f. Comments on the Written Investigation Report

i. After receiving a copy of the investigative report, the respondent shall be provided seven (7) days to submit written comments and any additional documentation to the Deciding Official.

ii The Deciding Official shall review the conclusions and recommendations of the Investigation Panel and shall make a final decision regarding the matter. The Deciding Official may, at his/her discretion either accept, modify, or reject the conclusions and recommendations of the nvestigation Panel. Before reaching a final decision concerning any modification or rejection, however, the Deciding Official will explain the rationale for the decision in a written communication to the Investigation Panel and will consider the Investigation Panel's response. The Deciding Official may also meet with the respondent. The Deciding Official shall complete the report by sending a letter to the Investigation Panel and the respondent, confirming, modifying or rejecting the Investigation Panel's findings. The Deciding Official shall make the final decision no later than sixty (60) days after receiving the final report.

iii. If the Deciding Official determines that a personnel action, including discipline, is warranted, appropriate steps shall be taken consistent with the provisions of the Collective Bargaining Agreement and university policies. In cases relating to the Public Health Service or National Science Foundation, the relevant agency shall be notified of any pending disciplinary action within thirty days of the issuance of the final report.

iv. The respondent can appeal the final decision by contesting the rationale to the Deciding Official within seven (7) days of receiving the letter.

v. The letter, written investigation report, and all supporting records, documents, testimony, and information will be sequestered and secured by the Research Integrity Officer, who will keep all records for a minimum of 7 years.

VII. NOTIFICATION TO EXTERNAL AGENCIES

The University will comply with the requirements and regulations of its funding agencies. Section VIII below reflects those requirements for the U. S. Public Health Service (PHS) and the National Science Foundation (NSF). In any particular situation and for other agencies, other criteria may apply, and the appropriate administrator is advised to review current regulations and requirements.

1 Under circumstances not involving Public Health Service or National Science Foundation or other regulated funding agencies, the Provost*, in consultation with the Associate Vice President for Research and Sponsored Programs (AVPRSP)* , will make the decision whether information about the charges and their disposition will be disclosed publicly or to specific parties, including the research sponsor.

2 This decision will normally be made upon the conclusion of the final report. However, if required by urgent circumstances, such a disclosure may be made at any time. Absent such urgent need, the university will not make interim reports to outside agencies unless required by external regulation.

3 Where false or misleading data has been published as the result of research misconduct, the university may disclose relevant information to affected scholarly and/or

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scientific publications or agencies.

VIII. PUBLIC HEALTH SERVICE (PHS) AND NATIONAL SCIENCE FOUNDATION (NSF) NOTIFICATION REQUIREMENTS

PHS requires annual assurances from the university of compliance as well as aggregated information on allegations, inquiries, and investigations. Further, in accord with PHS and NSF regulations, in cases involving research funded by either of those agencies, the funding agency will be informed in the following situations. Except as specifically described at the end of this section, the following notifications to external agencies will be made only by the AVPRSP* on behalf of the Provost*, and on the basis of the information provided by the Provost*.

1. Outcome of an Inquiry

PHS and NSF will be notified of the outcome of an inquiry of possible research misconduct involving funds from their agency only if that outcome includes the recommendation to conduct a full investigation. Documentation from inquiries, even those that do not recommend further investigation, will be maintained for a period of three (3) years and made available upon an agency's request.

2. Commencement of an Investigation

Written notification will be provided to PHS or NSF upon determination that an investigation will be conducted. This notice is to be provided on or before the commencement of the investigation, and must include all information required by the agency. In the case of PHS-funded research, this notice must include at least the following: name(s) of the accused individual(s); general nature of the allegation(s); and the PHS proposal or award number involved. Regulations provide that this information will be held in confidence to the extent permitted by law. Note, however, that although the information will not be disclosed to peer reviewers or PHS advisory committees, it may be used by the Secretary of Health and Human Services in making decisions about the award or continuation of funding.

3. Written Request for a Time Extension

Although PHS regulations permit 120 days for completion of the investigation and submission of the final report, CSUF requires the Investigation Panel to consult with the AVPRSP* if it appears that the final report will take more than 90 days to complete.

If the investigation and determination of personnel action are likely to take more than 120 days to complete, the AVPRSP* will so notify PHS and provide reasons for the delay, interim progress reports, the estimated date of completion of the report, and any other necessary information. If an extension is granted, PHS may require the submission of periodic interim reports, or the agency may undertake its own investigation prior to the University's completion of its investigation.

NSF requires completion of the inquiry within 90 days, and completion of the investigation, including submittal of the final report, within 180 days. If completion of either is expected to be delayed, NSF may require submission of periodic status reports.

4. Interim Reports

PHS must be apprised during an investigation of facts that may affect current or potential IPHS funding of the individual(s) under investigation, or that may need to be disclosed in order to ensure proper use of federal funds or protection of the public interest. Similarly, NSF requires interim reports if the seriousness of the apparent misconduct so warrants; if immediate health

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hazards are involved; if NSF's resources, reputation, or other interests need protecting; or if federal action may be needed to protect the interests of a subject of the investigation or others potentially affected

5. Early Termination of an Investigation

PHS must be notified of any decision to terminate an inquiry or investigation prior to the completion of all relevant requirements. This notice must include the reasons for such action. PHS retains the right to investigate the matter further on its own. PHS will be notified prior to Fresno State accepting an admission of guilt from respondent and therefore terminating the investigation.

6. Final Outcome

PHS and NSF will be notified of the final outcome of an investigation involving their funded project(s), and provided with a complete copy of the final report. the final report to PHS must include a statement about the sanction (if any) to be imposed by the institution**.**

7. Special Emergency Notifications

In addition, the PHS must be informed at any stage of an inquiry or investigation if any of the following are discovered: (1) an immediate health hazard; (2) an immediate need to protect federal or University funds or equipment; (3) an immediate need to protect those making an allegation (4) a likelihood that an alleged incident is going to be reported publicly; or (5) a reasonable indication of possible criminal activity. In the case of suspected criminal activity, PHS requires notification within 24 hours.

IX. DETERMINATION OF PERSONNEL ACTION

1. The determination as to whether a personnel action, including disciplinary action, is to be imposed is governed by California law, university policies and any applicable collective bargaining agreement. In cases involving faculty unit members, personnel actions, including disciplinary action, shall be imposed by the appropriate administrator, through the processes described in the Unit 3 Collective Bargaining Agreement. Significant cases of student misconduct will be referred to the Dean and Student Affairs. Cases involving staff members will be referred to the appropriate administrator. Both PHS and NSF have the right to impose additional sanctions, beyond those applied by the institution, upon investigators or institutions, if they deem such action appropriate in situations involving funding from their respective agency.

2. If the investigation results in a finding of research misconduct, then the Research Integrity Officer will contact any relevant journals take reasonable action to retract the false or fabricated facts disclosed.

3. If the investigation results in a finding of no research misconduct, then the institution will take reasonable action to restore the respondent’s reputation. Such actions may include: notifying all individuals aware of or involved in the investigation, publicizing the finding in forums in which the allegation was previously publicized, or expunging reference of research misconduct from the respondent’s personnel file.

References: National Science Foundation 45 C.F.R. 689.1 et seq. Public Health Services 42 C.F.R. 93 et seq. CBA Articles 11, 18, 19 Research and the Protection of Human Subjects (APM)

Approved by the President as Interim Policy _____

Recommended by the Academic Senate _____

Approved by the President _____

APM 510-9

* See Addendum for name and contact information of person holding indicated title

Addendum

Title	**Name and Contact Information**
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