

# SCIENTIFIC LIBRARY AUDIT FORM

## TO BE FILLED OUT BY EMPLOYEES WHO ARE LEAVING NCI-FREDERICK

(Note: this must be completed before the Scientific Library signs off on the Termination Check-Out List)

Your Name \_\_\_\_\_ Bldg Number \_\_\_\_\_ Extension \_\_\_\_\_

Center No. \_\_\_\_\_ Program \_\_\_\_\_ Date of Termination or Transfer \_\_\_\_\_

1. Have you used the Library before? Yes \_\_\_ No \_\_\_

If yes, please check all services that you have used:	If no, why? (check all that apply)
Did you borrow Library materials? ___ Did you request photocopies of articles? ___ Did you receive tables of contents via PORPOISE? ___ Did you request materials/articles thru Interlibrary Loan? ___ Did you have a Loansome Doc Code? ___ Did you request Current Awareness Alerts? ___ Did you have a Delphion password? ___	___ I did not know that Library services were available to me. ___ I did not require Library support due to the nature of my job. ___ I was able to provide for my own information needs. ___ I did not feel the Library could meet my requirements and found help elsewhere.  <b>Move to # 6 COMMENTS section.</b>

2. Are you permanently leaving \_\_\_\_\_, or transferring \_\_\_\_\_?

If you are transferring, what is your new:

Building No. \_\_\_\_\_ Extension \_\_\_\_\_

Center No. \_\_\_\_\_ Program \_\_\_\_\_

(NCI, SAIC, DMS, CRL)

New E-Mail Address \_\_\_\_\_

3. If you are moving to a new research institution, please check as apply:

\_\_\_\_\_ They have a library.

\_\_\_\_\_ Their library compares favorably to the Scientific Library.

Why? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Their library compares unfavorably to the Scientific Library.

Why? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ They do not have a library.

What impact will this have on you? \_\_\_\_\_

4. What will you miss about the Scientific Library?

5. How did having access to the services of the Library affect your job?

6. COMMENTS: