Senior Fellow Program
National Institutes of Health

Selection and Approval Form *Please type or print using black ink*

Senior Fellow Name: _____

NIH Sponsor: _____

NIH Sponsor's Title: _____

Lab/Branch/IC (no abbreviations) : _____

_____

Funding Common Account Number (CAN): _____

Assignment Details:

Period of Appointment: Beginning Date: _____ Ending Date: _____

Appointment Location: _____

NIH is authorizing the following payments/reimbursements for this assignment:

☐ Stipend: $ _____ per month based on full time appointment

☐ Health Benefits Allowance:
- ☐ Single ($ 246.40 per mo.)
- ☐ Family ($ 666.98 per mo.)

☐ Scientific Travel : $ _____

☐ Relocation Allowance: $ _____

_____ ☐ Training: $ _____ ☐ Other: $ _____

Total authorized payments to participant: $ _____

Estimate of ORISE/DOE administrative charges (18 %) $ _____

Total estimated cost of appointment: $ _____

This approval reflects the maximum allowable amount ORISE is authorized to pay or reimburse the NIH Senior Fellow. Actual reimbursements will be based on receipts submitted by the participant to ORISE for expenses not to exceed the maximums authorized above.

Signatures:

NIH Sponsor _____ Date _____

Scientific Director _____ Date _____

IC Admin. Officer _____ Date _____