

NIH INTERNATIONAL TRAVEL WAIVER FORM

Traveler:

Title:

IC:

(Please check the applicable box(es))

TDY Travel – Appropriated Dollars

HHS-348 Sponsored :

Conference/Meeting Title:

Location:

Dates:

(Please check the applicable box associated with the request being made)

Premium-class Travel :

“14-Hour Rule” (Intervening domestic stops)

Annual Leave:

Number of Trips (4 or more)

Number of days/trip (3 or more)

Number of days for FY (7 or more)

The “No Annual Leave Rule” for HHS-348 Sponsored Travel

Waiver Justification (Describe the exceptional circumstances):

EO Signature: _____

Date:_____

OFM Received Date: _____

OFM Referral Date to CTMC:_____

CTMC Review/Recommendation: Approval_____ Disapproval_____ Date:_____

NIH Director Determination: Approval____Disapproval_____ Date:_____

NIH Director Signature:_____