Senior Fellow Program
National Institutes of Health

Approval Form

New Appointment ☐ Renewal ☐ *(Check one)* *Please type or print using black ink.*

Candidate's Name: _____ Candidate's E-mail Address: _____

NIH Sponsor: _____ NIH Sponsor's Title: _____

Office/Division/Lab: _____ Funding Common Account Number (CAN): _____

Appointment Details

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

Field of Research: _____

Short Research Description: _____

Physical Location of Research: _____
(Full address including building and room number)

The institute is authorizing the following direct payments/reimbursements for this appointment.
Check what applies for this candidate:

☐ Stipend: $_____ per year (based on full-time appointment)

☐ Health Benefits Allowance: ☐ Individual ($4,073.76 per year, $339.48 per month)

☐ Family ($10,426.32 per year, $868.86 per month)

☐ One-Time Relocation Allowance: $_____ Housing Allowance: $_____ per year

☐ Travel: $_____ ☐ Training: $_____ Other: $_____ for _____

Total the above authorized direct payments: $_____
Add ORISE/DOE administrative charges of 23%: $_____
TOTAL ESTIMATED COSTS FOR THIS 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.

Authorizing Signatures:

NIH Sponsor _____ **Date** _____

Office/Division/Lab Administrative Officer _____ **Date** _____

NIH Project Officer _____ **Date** _____

New Appts: Forward this completed form with application materials to Larry Chloupek, Building 1, Room 154,MS 0151, 301-594-3992
Second Year: Use this form to calculate second-year funding totals. Send copy to Barbara Dorsey, ORISE, fax number 865-574-2846.
Send the new IAG directly to Teresa Hope, fax number 865-576-2554, or e-mail IAG to hopetr@oro.doe.gov.
Copy barbara.dorsey@orau.org.

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