

**NINDS CASH AWARD PROGRAM FOR CLERICAL AND ADMINISTRATIVE SUPPORT --
REFERRAL FORM**

Title, Series & Grade of Vacancy _____

Vacancy Announcement # _____

*Name of Applicant Referred _____

Name of Employer Referring
Applicant (Typed or Printed) _____

Signature of Employer
Referring Applicant _____ Date _____

*Attach a copy of application of individual being referred.

TO BE COMPLETED BY PERSONNEL

Name of Servicing
Personnel Specialist
(Typed of Printed) _____

**Signature of Servicing
Personnel Specialist _____ Date _____

** Signature certified the receipt of referral **AND** that position is covered as a
hard-to-fill position.