

National Institutes of Health (NIH)

Leave Bank Fax Cover Sheet

FAX: (301) 480-2579

Applicant Name: _____

Please provide all of the contact information below. Check the box for your preferred method(s).

- Work Telephone Number: _____
 Home Telephone Number: _____
 Work Email Address: _____
 Personal Email Address: _____

Alternate Contact Name: _____ Relationship: _____
Telephone Number: _____ Email: _____

Forms Submitted

- NIH 2937; NIH Leave Bank Donation Form
 NIH 2940; Leave Recipient Application for the NIH Leave Bank
 NIH 2923; Authorization for Disclosure of Information
 Other: _____

Date Submitted: _____ **Number of Pages:** _____

Comments:

This form must be attached to the front of each application/submission.

All information requested above is required to process request.

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