

Date: \_\_\_\_\_

## NIDDK PERSONNEL ACTION REQUEST

**PERSONNEL ACTION REQUIRED:** \_\_\_\_\_

Immediately following completion of pertinent information requested in boxed area, describe all administrative or services desired, together with any helpful background or general information.

<b>VICE:</b> _____	<b>TK #</b> _____	<b>CAN:</b> _____
<b>Location of Employee: Bldg.</b> _____	<b>Room</b> _____	<b>Tel. Ext.:</b> _____
<b>Workgroup:</b> _____	<b>Lab and Section:</b> _____	
<b>Organizational Code:</b> _____	<b>FAX:</b> _____	
<b>Human Subject Training Required:</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Prepared by:</b> _____	<b>Phone #:</b> _____	

\_\_\_\_\_  
Requesting Official

\_\_\_\_\_  
Extension

<b>ADM. OFFICE USE ONLY:</b>		
<b>Log In:</b>	<b>ACTION</b> _____	<b>Log Out:</b> <b>ACTION</b> _____
	<b>AMB</b> _____	
	<b>OSD</b> _____	
	<b>AO</b> _____	