

## **Intramural Research Training Award (IRTA) Traineeship Agreement**

In accepting this Intramural Research Training Award (IRTA) Traineeship, I understand that I am not a Government employee. I certify that I have read the "Statement of IRTA Program Provisions" and agree to comply with the terms outlined:

### **A. PROGRAM ELIGIBILITY**

1. I meet the educational/experience requirements for participation in the applicable IRTA Program component and will provide verification as required.
2. I am a U.S. citizen or resident alien. I will provide acceptable proof of my citizenship or resident alien status at the time I report to activate my Traineeship.

### **B. DURATION**

I understand that my initial Traineeship commitment is for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_, and that renewal beyond the initial commitment is contingent upon demonstrated progress in the training assignment and the approval of appropriate \_\_\_\_\_ officials. I agree to notify my training preceptor as soon as possible and negotiate mutually acceptable terms for termination should I wish to leave the Program prior to the scheduled end date of my current Traineeship.

I understand that Trainees may be terminated for scientific or other misconduct; failure to make progress on training assignment; because of programmatic changes, budgetary constraints, lack of funds, or other administrative reasons.

I further understand that upon termination of my Traineeship, I am not entitled to future training or employment at the NIH.

### **C. STIPENDS**

I understand that my monthly stipend will be paid: (1) in advance, and that the payment for a given month will reflect the amount projected for the upcoming month or (2) retroactively, and that the payment for a given month will reflect the amount owed from the preceding month. I will immediately notify my training preceptor and other appropriate IC officials of any change in my status that might affect my stipend payment, including any supplemental funding or decision to terminate my Traineeship earlier than anticipated. In the event of error(s) in my stipend payment(s), I agree to reimburse the U.S. Government for any overpayment that may occur. I understand that interest penalties will be charged if I fail to make reimbursement in a timely manner.

### **D. BENEFITS**

1. I will have adequate health insurance coverage either through an approved plan with the Foundation for Advanced Education in the Sciences (FAES), or through another private plan, and will provide proof of such coverage. I understand that payments or reimbursement from NIH will be limited to the cost of FAES' low option coverage or of another private plan, whichever is less, and will be provided only if the policy is issued in my name. If my Traineeship begins on a day other than the first calendar day of the month, I understand that I must pay the premium for the partial month myself. Payments or reimbursement from the NIH will begin effective on the first day of the next month.
2. I understand that I will be reimbursed for mileage and per diem for my relocation to NIH only, and that there is no allowance for dependents, movement of my household goods or return travel. To obtain reimbursement for travel to NIH to begin my Traineeship, I will provide the ticket coupon for travel by commercial carrier (e.g., bus, train, air) or odometer readings for travel by private automobile, and lodging receipts, if any. I understand that all reimbursement will be in accordance with governing Government regulations.
3. I will seek advance approval for travel to scientific meetings and understand that the authorization of such allowances is discretionary.

4. I will seek advance approval for training directly related to the purpose of my Traineeship. I understand that the authorization of allowances for additional training must be in accordance with governing Government regulations.

**E. DEDUCTIONS**

1. I understand that I am not eligible for coverage under the Federal Employees Retirement System, and that deductions for this program, as well as Social Security and Medicare, will not be withheld from my stipend.
2. I understand that my Traineeship is subject to Federal, State, and Local income taxes, however, NIH does not withhold taxes from my stipend. As required, I will file quarterly estimated returns with the appropriate agencies.

**F. LEAVE OF ABSENCE AND OUTSIDE WORK**

I will seek advance approval from my training preceptor for any leave of absence, and will seek advance approval from my preceptor and other appropriate officials to engage in outside employment.

**G. PUBLICATIONS AND INVENTIONS**

1. I will seek advice from my preceptor and request clearance for any publication resulting from my Traineeship in compliance with NIH's publication policies.
2. I will be bound by all provisions of Executive Order 10096, and any orders, rules, regulations or the like issued thereunder where NIH determines the rights of the Government and the Trainee to inventions conceived or actually reduced to practice during the period of the Traineeship. Furthermore, I will promptly disclose to my preceptor and other appropriate officials all inventions that are conceived or first reduced to practice during the term of my Traineeship at NIH, and will sign and execute all papers necessary to convey to the Government the rights to which the Government is entitled in accordance with any determination made under the provisions of Executive Order 10096.

**H. OTHER ADMINISTRATIVE REQUIREMENTS**

While on the premises of NIH, I will conform to all applicable administrative instructions and requirements of NIH and the Department of Health and Human Services, including all regulations and procedures concerning conduct, safety, and animal care.

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Signature of Trainee

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Date