Fellowship Termination Notification

For final termination of participants from the NIH Visiting Program, use Form NIH 829-5.

This form must be initiated and signed by the participant's sponsor and *must be received* by the ICD administrative office 60 days prior to termination.

Award No.

Date

Participant's Name *(Last, first, middle)*	ICD	Lab/Branch *(spell out name)*	Building/Room	Phone

Last day in pay status	Original end date of award	CAN *(only if terminating early)*

There is no provision for terminal leave for fellowship participants. The last day at NIH is the last day in pay status. Any overpayment of stipend due to early termination must be refunded to NIH.

Forwarding Address *(and phone number, if known)*

Sponsor's Name	ICD, Lab/Branch	Building/Room	Phone

Sponsor's Signature and Date

For FAES and DFM use only:

FAES Clearance *(Building 10, Room B1C18)*

Administrative Officer's Name

DFM/FAAB Clearance *(Building 31, Room B1B06)*

Administrative Officer's Signature and Date

Comments

NIH 2144 (12/12)

DISTRIBUTION OF COPIES:
PART 1 - ICD award file (after all signatures are obtained)
PART 2 - DFM
PART 3 - Fellow