

Request for Permanent Change of Station Orders <i>Non-FTE Persons</i> <small>NOTE: This form is only to be completed by IRTA's, CRTA's, and Visiting Fellows who have been authorized shipment of household goods and personal effects.</small>	IC	<input type="checkbox"/> Original Request <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation
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1. PERSONAL DATA	
NAME (Last, first, initial)	PRESENT ADDRESS
SOCIAL SECURITY NO./Non-FTE ID	
HOME PHONE NO.	MAILING ADDRESS (include zip code)
OFFICE PHONE NO.	

2. MOVEMENT SITUATION (check applicable box)	
<input type="checkbox"/> Travel in line with assignment to first duty station.	
<input type="checkbox"/> Travel in line with assignment transfer from one duty station to another	

3. ALLOWANCES	(Non-FTE persons may be authorized ONLY transportation and per diem for the individual and his/her family, shipment of household goods, and temporary storage.)
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A. Dependent Travel		
1. List the following: (Attach separate sheet if more space is needed.)		
<ul style="list-style-type: none">● Spouse.● Children (including stepchildren and adopted children)<ul style="list-style-type: none">- unmarried and under 21 or- physically or mentally incapable of self-support regardless of age (attach explanation).● Dependent parents (individual's and/or spouse's).		
NAME	RELATIONSHIP	DATE OF BIRTH

B. Mode of Travel	INDIVIDUAL'S DATE OF DEPARTURE	NO. OF DEPENDENTS	DATE OF DEPARTURE
1. Privately-owned auto no. 1			
2. Privately-owned auto no. 2			
3. Air			
4. Other (check one) <input type="checkbox"/> Sea <input type="checkbox"/> Rail <input type="checkbox"/> Motor home			

C. Points of Travel	
1. FROM (city, county, state, country)	2. TO (city, county, state, country)

D. Shipment of Household Goods and Personal Effects	
1. FROM (street address, city, county, state, country)	2. TO (street address, city, county, state, country)

E. Temporary Storage?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO. OF DAYS (not to exceed 90):
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4. IC FUNDS AVAILABILITY

AMOUNT BEING AUTHORIZED, NOT TO EXCEED \$3,000	FUNDS AVAILABLE: Signature and Name
Title	Date

5. NON-FTE PERSON CERTIFICATION

I certify that I have been informed that I will be reimbursed for expenses incurred for my move to NIH in line with my first assignment or if I am transferred from one duty station to another. The funds authorized in Block No. 4 may be used to cover transportation and per diem for myself and my family, shipment of household goods, and temporary storage. Any costs that I incur, that are in excess of the authorized amount I am given for my move, will be my responsibility.	SIGNATURE OF APPLICANT	DATE
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6. FOR HUMAN RESOURCES OFFICE USE ONLY

ACS ACCOUNT TO BE CHARGED	FELLOWSHIP REQUEST FORM AWARD NO.	DATE FELLOWSHIP REQUEST FORM SIGNED	
NAME OF HIRING OFFICIAL	TITLE	BLDG. AND ROOM	PHONE NO.
QUESTIONS CAN BE REFERRED TO	PHONE NO.		
SIGNATURE OF HUMAN RESOURCES OFFICER		DATE	
REMARKS			

NOTE: This document must be forwarded to the Relocation Services Contractor who is responsible for the preparation of a manual HHS-1 Travel Order based on the applicable move situation.