

TO BE COMPLETED BY  
INSTITUTE/CENTER

## NIH 829-5 Visiting Program Separation/Termination Notice

**PLEASE AVOID DUPLICATION:** DO NOT COMPLETE THIS FORM IF THE TERMINATION HAS ALREADY BEEN APPROVED IN NBS FPS

**Instructions:** Submit this form to DIS at least two weeks before the scientist ends their stay at NIH or once they obtain U.S. lawful permanent resident status (“green card”) so that DIS can remove them from the Visiting Program. This is necessary to comply with Department of Homeland Security reporting requirements.

**This form is NOT required if:**

- A termination action has already been approved in NBS FPS
- The scientist remains at NIH but changes designation (e.g. Visiting Fellow to VP Research Fellow)
- The scientist transfers lab/branch within NIH

### I. SCIENTIST INFORMATION

Scientist Family Name: \_\_\_\_\_

Scientist Given Name: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_

Institute/Center: \_\_\_\_\_

Lab/Branch: \_\_\_\_\_

NIH Designation (e.g. VF): \_\_\_\_\_

Forwarding Mailing Address (if known): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Forwarding Email Address (if known): \_\_\_\_\_  
\_\_\_\_\_

### II. SEPARATION/TERMINATION REASON

Select all boxes that apply:

- Scientist will leave (or has left) NIH on:** \_\_\_\_\_
  - Individual will move or transfer to another employer/institution in the United States
  - Individual will return to his/her home country
  - Other: \_\_\_\_\_
- Individual obtained U.S. Lawful Permanent Residence.** Attach a copy of the U.S. permanent resident card (or “green card”) to this form.

### III. IC ATTESTATIONS

Lab Sponsor Name: \_\_\_\_\_

Lab Sponsor Signature: \_\_\_\_\_

Date (M/D/Y): \_\_\_\_\_

IC Key Contact or AO Name: \_\_\_\_\_

IC Key Contact or AO Signature: \_\_\_\_\_

Date (M/D/Y): \_\_\_\_\_

Send this form and copy of green card (if applicable) via FAX (301-496-0847) or HAND-CARRY to DIS:  
Building 31, Room B2B07 • 31 Center Drive MSC 2026, Bethesda, MD 20892-2028