

TO BE COMPLETED BY  
VISITING PROGRAM  
PARTICIPANT

## Request for Extended Absence from NIH

**Instructions:** As a non-immigrant scientist at the NIH, you must complete this form if 1) you plan to pursue research activities abroad (other than short travel to attend conferences or meetings) **OR** 2) you plan to take extended personal leave (e.g. vacation, medical/maternity leave) for more than five (5) weeks. This form is used to determine if you are eligible to preserve your U.S. immigration status and return to the NIH after a period away. Submit this form **and accompanying documents** *at least two (2) weeks before your planned departure from NIH*. NOTE: If you plan to pursue research or other outside activities without taking an extended absence from NIH, please review the [Outside Activity](#) page to determine next steps.

**Non-FTE Trainees:** Please attach a **memo signed by both your NIH Sponsor/Supervisor and your IC's Scientific Director (SD)**. The memo should include:

- 1) The length of your absence from NIH.
- 2) The activities to be pursued while on extended absence and if/how they relate to your research program. If the activities are related, describe how the activities will be monitored by the NIH laboratory/branch.
- 3) If you are a Visiting Fellow, the memo should include whether the fellowship will be continued paid or unpaid (Absence without Stipend or AWOS).
  - a. For paid fellowship: The memo must also be approved by the sponsor and the IC Scientific Director.
  - b. For AWOS: The memo must also be approved by the sponsor and the IC Scientific Director. DIS will evaluate and send to the Deputy Director of Intramural Research (DDIR) for approval.
- 4) Additionally, **include any documentation that supports your absence**, such as medical documentation for a health condition, an invitation from an institution, etc.

**FTE Employees:** Please attach a **memo signed by your NIH Sponsor/Supervisor**. The memo should include:

- 1) The length of your absence from NIH.
- 2) The activities to be pursued while on extended absence and if/how they relate to your research program. If the activities are related, describe how the activities will be monitored by the NIH laboratory/branch.
- 3) Whether the appointment will be continued paid or unpaid (Leave without Pay or LWOP).
- 4) Additionally, **include any documentation that supports your absence**, such as medical documentation for a health condition, an invitation from an institution, etc.

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### I. NAME & IC

Family Name: \_\_\_\_\_ First & Middle Name: \_\_\_\_\_

Institute or Center (IC): \_\_\_\_\_ Date of Birth (Month/Day/Year): \_\_\_\_\_

### II. ABSENCE DETAILS

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Name of Institution visiting (if applicable): \_\_\_\_\_

Street Address of Institution: \_\_\_\_\_

City: \_\_\_\_\_ Region/Province/State: \_\_\_\_\_

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Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

\*If you will visit other institutions, include the name (s) and address(es) of the additional location(s) on a separate sheet of paper.

### III. RESIDENTIAL ADDRESS

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Region/Province/State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

#### Will your dependents (if any) accompany you?

- Yes, my dependents will accompany me
- No, my dependents will not accompany me

#### Purpose/reason for absence:

- To pursue activities related to your NIH research
- To pursue activities NOT related to your NIH research

Describe the activities that you will undertake: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### V. ATTESTATION

I attest that I will:

- Notify DIS if anything described on this form changes (e.g. new return date or address change)
- Notify DIS of my return to the NIH
- *For those sponsored as J-1 Exchange Visitors:* Continue to maintain the required health insurance for myself and my J-2 dependents (if any) at all times while I am in the J Exchange Visitor Program, whether physically present at NIH or not

By signing this form, I agree to the above attestations and certify that the information on this form is complete and accurate.

Signature: \_\_\_\_\_

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

### VI. APPROVALS

We recommend approval for this activity and certify that:

- The activity is directly related to the above-named scientist's research objectives in the NIH laboratory/branch
- The activity is incidental to her/his research objectives
- The activity will not delay completion of her/his research objectives.

IC Lab/Branch Sponsor Signature: \_\_\_\_\_

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

IC Scientific Director Signature (NOT required for FTE Appointees): \_\_\_\_\_

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