The Division of International Services

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Building 31, Room B2B07
Bethesda, Maryland 20892-2028

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http://dis.ors.od.nih.gov/

REQUEST TO REVIEW CHANGES IN EMPLOYMENT

INSTRUCTIONS: Please complete this form for a current NIH employee/Full-Time Equivalent (FTE) whose terms of employment will be changing. Immigration regulations require us to report material or significant changes in the terms of employment. This form should be completed and signed by the Institute/Center's (IC) **Administrative Key Contact or Laboratory/Branch Sponsor/Supervisor** and submitted to the DIS at least six (6) weeks *BEFORE* the planned changes.

NAME OF SCIENTIST:

_____
Family Name First Name Middle Name Date of Birth

NIH DESIGNATION:

Current Designation: _____ NEW Designation: _____
(if applicable)

Answer the following Yes/No questions to indicate if there will be any change to the FTE's terms of employment. If the answer is "Yes" to any of these areas, please use the space provided on page 2 of this form to explain the changes.

CHANGE IN SALARY? ☐ **YES** ☐ **NO**

CHANGE IN OR ADDITIONAL WORK SITE(S) – INCLUDING TELEWORK SITES? ☐ **YES** ☐ **NO**

CHANGE IN REQUIREMENTS TO PERFORM THE JOB DUTIES ☐ **YES** ☐ **NO**
(Example: Job initially only required attainment of a Master's degree to perform job duties, but now a Doctoral degree is required)

CHANGE IN JOB DUTIES? ☐ **YES** ☐ **NO**

CHANGE IN PATIENT CONTACT? ☐ **YES** ☐ **NO**

CHANGE IN SUPERVISORY DUTIES*? ☐ **YES** ☐ **NO**

**Answer yes only as it relates to being in charge of completing an employee's performance plan (e.g. acting as the Rating Official on a Performance Management Appraisal Program or PMAP). Do not include supervision of post-doctoral fellows or other Non-FTE designations or any mentoring activities.*

By my signature below, I confirm that the above is true to the best of my knowledge and belief.

_____ _____ _____
Signature of IC Representative Print Name Date (mm/dd/yy)

- CONTINUED ON THE FOLLOWING PAGE -

ADDITIONAL INFORMATION: ***Use the following sections to list the specific details as a result of the change in employment. If there are no changes in an area, write "N/A".***

CHANGE IN SALARY:

Provide the current salary and the proposed salary due to the change in employment:

Current Salary: _____ PROPOSED Salary:_____

CHANGE IN WORK LOCATION:

Please provide the physical street address and building number (if any) for **all locations** where the FTE scientist will perform the job duties:

Primary site:

_____

Additional site 1:

_____

Additional site 2:

_____

Will the FTE scientist perform job duties from home or a telework site? ☐ **YES** ☐ **NO**

If yes, describe the telework schedule from the approved Telework Agreement **and** list the location (physical street address) where telework will occur:

_____

CHANGE IN REQUIREMENTS TO PERFORM THE JOB DUTIES:

Please describe the new requirements to perform the job duties. For example, the job initially only required attainment of a Master's degree to perform job duties, but now a Doctoral degree is required:

CHANGE IN JOB DUTIES:

Please describe the job duties to be undertaken by the FTE scientist due to the change in employment; be sure to note additional job duties that the scientist did not have previously:

CHANGE IN PATIENT CONTACT:

Please check the box below that indicates the level of patient contact that the FTE scientist will now have due to the change in patient contact level:

☐ None ☐ Incidental Patient Contact ☐ Full Patient Contact

CHANGE IN SUPERVISORY DUTIES:

Please describe the FTE scientist's supervisory responsibilities due to the change in employment.