

Prepared by:

Date:

MODIFIED DOCUMENT- HHS 350 (Rev 01/02)

SECTION A TRAINEE DATA

NAME: TAP Organization: Office Telephone:

PP/Series/Grade: Position Title: Office Bldg/Room:

(MI) GS-0341 Administrative Assistant (MI)
(PMI) GS-0301- Presidential Management Intern (PMI)

SECTION B COURSE DATA

Table with 4 columns: 12. Training Hours (A. Duty, B. Non-Duty), 13. Training Period (From, To), 14. Cost (\$only), Tuition & A. Fees (72), Books & B. Other (76), (80), (84), (88), F. Total (92), HEW (72-96)

15. Training Course Title
16 EIN # for Vendor Payment Method: Does vendor accept credit card? Purchase Order?

17. Justification :
The training/class /boos(s) relate(s) to the employee's current position and will help to further career development.
(circle one)
The material is directly applicable to job duties and employee development at the NIH.

18. Name and Address to Send Payment Attn: Registration Phone # Zip

19. Location of Training Name Attn: Address Zip

SECTION C FISCAL DATA

Table with 3 columns: 23. Accounting Data (Appropriation, Allotment, , Class) FY CAN# 5 | 8363620, 24. SICAC/OPAC # 75-08-0031, 25. Funds are Available | Date ADMINISTRATIVE/FUNDS SIGNATURE

SECTION D CLEARANCE

Table with 5 columns: TYPED NAME (PHONE #), SIGNATURE, DATE, COMMENTS. Rows include: 26. Initiating Supervisor Intern Mentor, 27. Concurring Official, 28. Concurring Official, 29. Approving Official MI/PMI Program Manager