

International Services and Communications Branch, FIC

Notification of Termination of Visiting Program Participation

Case Number (for FIC/ISCB use only)

This form must be initiated and signed by the participant's sponsor
and *must be received* by FIC/ISCB 60 days prior to termination.

Date

Participant's Name (Family name, first, middle)	ICD	Lab/Branch (spell out name)	Building/Room	Phone
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Date of Birth	Place of Birth (City, Country)	Category <input type="checkbox"/> VF <input type="checkbox"/> VA <input type="checkbox"/> VS	CAN
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Last Day in Pay Status	Original end date of award/ appointment	There is no provisions for terminal leave for Visiting Program participants. <i>The last day at NIH is the last day in pay status. Any overpayment of stipend/salary due to early termination must be refunded to NIH.</i>
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Port of Departure from U.S.	Airline/Flight No. (if available)	Date of Departure from U.S. (nonimmigrants only)
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Name and Address of New Employer (and phone number, if known)

Forwarding Address (and phone number if known)

Sponsor's Name	ICD, Lab/Branch	Building/Room	Phone
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Sponsor's Signature and Date	<i>For Visiting Fellows (FAES and DFM use only)</i> FAES Clearances (Bldg. 10, Room B1C18)
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Administrative Officer's Name	DFM/FAAB Clearance (Bldg. 31, Room B1B04)
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Administrative Officer's Signature and Date

FIC/ISCB Use only