

## APPOINTMENT START DATE CONFIRMATION

### \*IMPORTANT ARRIVAL INFORMATION – PLEASE READ CAREFULLY\*

In order to activate newly arrived researchers sponsored by the NIH, the Division of International Services (DIS) requires notification of the researcher's official or actual starting date in the NIH laboratory or branch.

# **INSTRUCTIONS FOR NEWLY-ARRIVED RESEARCHERS:**

- 1.Give this form to your Institute/Center (IC) to complete and sign upon your arrival to the NIH. It can be completed and signed by your IC Key Contact or Administrative Officer, Lab/Branch sponsor, or other designated IC official.
- 2.Report to the DIS during check-in hours immediately after your arrival to the U.S., but <u>no later than your first day in the lab/branch</u> with the following:
  - This form completed and signed by your IC.
  - Your and any family members' <u>original</u> immigration documents. This includes the passport; Form I-94 Arrival/Departure Record; and applicable immigration document, such as the Form DS-2019 for J-1 Exchange Visitors. Copies of immigration documents are not acceptable for check-in.
- 3.The DIS check-in hours are Mondays through Fridays from 9:30 am to 11:30 a.m., except when closed due to government holidays or other official closings. The DIS is located on the main NIH campus in Bethesda in Building 31, Room B2B07.

### **INSTRUCTIONS FOR THE INSTITUTE/CENTER (IC):**

- 1.Complete the requested information below. Please type or print clearly.
- Provide the researcher with this completed <u>and</u> signed form (note: the IC may designate who can sign this form).
- 3.Instruct the researcher to report to the DIS during check-in hours <u>no later than his/her first day in</u> <u>the lab/branch</u> with this completed and signed form, along with the applicable immigration documents.

# (To be completed by the IC Key Contact, IC Lab/Branch Sponsor, or other IC designee) Name of Researcher (FAMILY, first, middle): Institute/Center: Lab/Branch: Requested Official/Actual Start Date in the lab/branch\*: Name of IC Key Contact: Name of Human Resources Specialist: (This applies only to those researchers appointed to an FTE position) I confirm that I am designated to sign this form and that the above requested start date is correct: Name of Key Contact, Lab/Sponsor, or designee Signature Date



PLEASE COMPLETE THE FOLLOWING:



Office of Research Services