



## *Orientation Administrative Forms - (AO Folder)*

### **IRTA Forms:**

- Local Contact Information Sheet
- Ethnicity and Race Identification Form for Non-FTE Fellows (SF181)
- Self-Identification of Disability (SF256)
- Verification of US Residency
- ACH Vendor/Miscellaneous Payment Enrollment Form (SF3881)
- Training Acknowledgement
- Individual Agreement (If not already signed)
- FPS Activation Form
- FPS Health Insurance Forms
- Report of Medical History (SF93) (Required on case-by-case basis)

### **Degree Submission:**

- I **HAVE** provided a copy of my degree to my Administrative Officer.
- I **HAVE NOT** yet provided a copy of my degree to my Administrative Officer.

### **Confirmation of Receipt:**

I have received the NICHD Orientation Package and an Explanation of the included content.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Local Contact Information Sheet

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

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Local Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact's Phone Number: \_\_\_\_\_

Position Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Branch/Building/Room #: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Are you a U.S. Citizen or Permanent Resident? \_\_\_\_\_ Yes \_\_\_\_\_ No

If No – Visa Type: \_\_\_\_\_

Date of Visa expiration: \_\_\_\_\_



# **Ethnicity and Race Identification**

## **Privacy Act Statement**

Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.

This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.

Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.

**Please see attached worksheets.**

# Ethnicity and Race Identification Worksheet

| Check One: Last Name:  | First Name:   |
|--|---|
| Meaning  | Description   |
| AMERICAN INDIAN OR ALASKAN NATIVE - Not Hispanic or Latino                       | A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.  |
| ASIAN - Not Hispanic or Latino   | A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam |
| Black and American Indian or Alaska Native - Not Hispanic or Latino              | see above for individual definitions for categories combined here   |
| BLACK OR AFRICAN AMERICAN (NOT OF Hispanic or Latino ORIGIN)                     | A person having origins in any of the black racial groups of Africa.  |
| Hispanic or Latino   | A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.  |
| Hispanic or Latino – Black and American Indian or Alaska Native                  | see above for individual definitions for categories combined here   |
| Hispanic or Latino – Native Hawaiian or Other Pacific Islander and Asian         | see above for individual definitions for categories combined here   |
| Hispanic or Latino - Native Hawaiian or Other Pacific Islander and Asian & White | see above for individual definitions for categories combined here   |
| Hispanic or Latino - Two or more races not previously listed                     | see above for individual definitions for categories combined here   |
| Hispanic or Latino – White and American Indian or Alaska Native                  | see above for individual definitions for categories combined here   |
| Hispanic or Latino – White and Asian   | see above for individual definitions for categories combined here   |
| Hispanic or Latino – White and Black   | see above for individual definitions for categories combined here   |
| Hispanic or Latino – White and Native Hawaiian or Other Pacific Islander         | see above for individual definitions for categories combined here   |
| Hispanic or Latino and AMERICAN INDIAN OR ALASKAN NATIVE                         | A Hispanic person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.   |
| Hispanic or Latino and ASIAN   | A Hispanic person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, E.g: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand & Vietnam  |
| Hispanic or Latino and BLACK OR AFRICAN AMERICAN                                 | A Hispanic person having origins in any of the black racial groups of Africa.   |
| Hispanic or Latino and NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER                 | A Hispanic person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.   |

| Ethnicity and Race Identification Worksheet  | Description   |
|--|---|
| Meaning  |   |
| Native Hawaiian or Other Pacific Islander and Asian - Not Hispanic or Latino       | see above for individual definitions for categories combined here   |
| Native Hawaiian or Other Pacific Islander & Asian & White - Not Hispanic or Latino | see above for individual definitions for categories combined here   |
| PUERTO RICO, NOT Hispanic or Latino  | (This category is not listed on the current SF 181)   |
| REFUSED  | Fellow refuses to provide a racial category   |
| Two or more races not previously listed - Not Hispanic or Latino                   | see above for individual definitions for categories combined here   |
| White and American Indian or Alaska Native - Not Hispanic or Latino                | see above for individual definitions for categories combined here   |
| White and Asian - Not Hispanic - Not Hispanic                                      | see above for individual definitions for categories combined here   |
| White and Black - Not Hispanic or Latino   | see above for individual definitions for categories combined here   |
| White and Native Hawaiian or Other Pacific Islander - Not Hispanic or Latino       | see above for individual definitions for categories combined here   |
| WHITE, Hispanic or Latino  | A Hispanic person having origins in any of the original peoples of Europe, the Middle East, or North Africa |
| WHITE, NOT OF Hispanic or Latino ORIGIN  | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa          |



**SELF-IDENTIFICATION OF DISABILITY**  
 (see instructions and Privacy Act information on reverse)

|  |                       |   |   |
|--|-----------------------|---|---|
| Last Name, First Name, and MI  | Date of Birth (mm/yy) | Social Security Number  | ENTER CODE HERE _____ > <input type="text"/> <input type="text"/> |
| <p><b>Definition:</b><br/>         An Individual with a disability: A person who (1) has a physical impairment or mental impairment (psychiatric disability) that substantially limits one or more of such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment. This definition is provided by the Rehabilitation Act of 1973, as amended (29 U.S.C. 701 et. seq.).</p>   |                       | <p><b>Purpose:</b><br/>         Self-identification of disability status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self-identification is voluntary, your cooperation in providing accurate information is critical.</p>   |   |
| <p><b>Part I. Targeted/Severe Disabilities</b></p> <p><b>Hearing</b><br/>         18 - Total deafness in both ears (with or without understandable speech)</p> <p><b>Vision</b><br/>         21 - Blind (inability to read ordinary size print, not correctable by glasses, or no usable vision, beyond light perception)</p> <p><b>Missing Extremities</b><br/>         30 - Missing extremities (missing one arm or leg, both hands or arms, both feet or legs, one hand or arm and one foot or leg, one hand or arm and both feet or legs, both hands or arms and one foot or leg, or both hands or arms and both feet or legs)</p> <p><b>Partial Paralysis</b><br/>         69 - Partial paralysis (because of a brain, nerve or muscle impairment, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including both hands; any part of both arms or legs; one side of the body, including one arm and one leg; and/or three or more major body parts)</p> <p><b>Complete Paralysis</b><br/>         79 - Because of a brain, nerve or muscle impairment, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body, including both hands; one or both arms or legs; the lower half of the body; one side of the body, including one arm and one leg; and/or three or more major body parts</p> <p><b>Other Impairments</b><br/>         82 - Epilepsy<br/>         90 - Severe intellectual disability<br/>         91 - Psychiatric disability<br/>         92 - Dwarfism</p> |                       | <p><b>Part II. Other Disabilities</b></p> <p><b>Hearing Conditions</b><br/>         15 - Hearing impairment/hard of hearing</p> <p><b>Vision Conditions</b><br/>         22 - Visual impairments (e.g., tunnel or monocular vision or blind in one eye)</p> <p><b>Physical Conditions</b><br/>         26 - Missing extremities (one hand or one foot)<br/>         40 - Mobility impairment (e.g., cerebral palsy, multiple sclerosis, muscular dystrophy, congenital hip defects, etc.)<br/>         41 - Spinal abnormalities (e.g., spina bifida, scoliosis)<br/>         44 - Non-paralytic orthopedic impairments: chronic pain, stiffness, weakness in bones or joints, some loss of ability to use part or parts of the body<br/>         51 - HIV Positive/AIDS<br/>         52 - Morbid obesity<br/>         61 - Partial paralysis of one hand, arm, foot, leg, or any part thereof<br/>         70 - Complete paralysis of one hand<br/>         80 - Cardiovascular/heart disease with or without restriction or limitation on activity; a history of heart problems w/complete recovery<br/>         83 - Blood diseases (e.g., sickle cell anemia, hemophilia)<br/>         84 - Diabetes<br/>         86 - Pulmonary or respiratory conditions (e.g., tuberculosis, asthma, emphysema, etc.)<br/>         87 - Kidney dysfunction (e.g., required dialysis)<br/>         88 - Cancer (present or past history)<br/>         93 - Disfigurement of face, hands, or feet (such as those caused by burns or gunshot wounds) and noticeable gross facial birthmarks<br/>         95 - Gastrointestinal disorders (e.g., Crohn's Disease, irritable bowel syndrome, colitis, celiac disease, dysphagia, etc.)<br/>         98 - History of alcoholism</p> <p><b>Speech/Language/Learning Conditions</b><br/>         13 - Speech impairment - includes impairments of articulation (unclear language sounds), fluency (stuttering), voice (with normal hearing), dysphasia, or history of laryngectomy<br/>         94 - Learning disability - a disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts (spoken or written) (e.g., dyslexia, ADD/ADHD)</p> <p><b>Other Options</b><br/>         01 - I do not wish to identify my disability status. (Please read the notes on the next page.) (Note: Your personnel officer may use this code if, in his or her judgment, you used an incorrect code.)<br/>         05 - I do not have a disability.<br/>         06 - I have a disability, but it is not listed on this form.</p> |   |

### **The Rehabilitation Act of 1973**

The Rehabilitation Act, as amended (29 U.S.C. 701, et seq.), requires each agency in the executive branch of the Federal Government to establish programs that will facilitate the hiring, placement, and advancement of individuals with disabilities. The best means of determining agency progress in this respect is through the production of reports at certain intervals showing such things as the number of employees with disabilities who are hired, promoted, trained, or reassigned over a given time period; the percentage of employees with disabilities in the workforce and in various grades and occupations; etc. Such reports bring to the attention of agency top management, the U.S. Office of Personnel Management (OPM), and the Congress deficiencies within specific agencies or the Federal Government as a whole in the hiring, placement, and advancement of individuals with disabilities and, therefore, are the essential first step in improving these conditions and consequently meeting the requirements of the Rehabilitation Act.

The disability data collected on employees will be used only in the production of reports such as those previously mentioned and not for any purpose that will affect them individually. The only exception to this rule is that the records may be used for selective placement purposes and selecting special populations for mailing of voluntary personnel research surveys. In addition, every precaution will be taken to ensure that the information provided by each employee is kept to the strictest confidence and is known only to those individuals in the agency Personnel Office who obtain and record the information for entry into the agency's and OPM's personnel systems. You should also be aware that participation in the disability reporting system is entirely voluntary, **with the exception of employees appointed under Schedule A, SECTION 213.3102(u) (Severe physical or mental disabilities)**. These employees will be requested to identify their disability status and if they decline to do so, their correct disability code will be obtained from medical documentation used to support their appointment.

Employees will be given every opportunity to ensure that the disability code carried in their agency's and OPM's personnel systems is accurate and is kept current. They may exercise this opportunity by asking their Personnel Officer to see a printout of the code and definition from their records. The code carried on employees in the agency's system will be identical to that carried in OPM's system.

Your cooperation and assistance in establishing and maintaining an accurate and up-to-date disability report system is sincerely appreciated.

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### **Privacy Act Statement**

Collection of the requested information is authorized by the Rehabilitation Act, as amended (29 U.S.C. 701, et seq.). Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which permits agencies to use the SSN as the means for identifying persons with disabilities in personnel information systems. Your SSN will only be used to ensure that your correct disability code is recorded along with other employee information that your agency and OPM maintain on you. Furnishing your SSN or any other data requested for this collection effort is voluntary and failure to do so will have no effect on you. It should be noted, however, that where individuals decline to furnish their SSN, the SSN will be obtained from other records in order to ensure accurate and complete data. Employees appointed under Schedule A, Section 213.3102 (u) (Severe physical or mental disabilities) are requested to furnish an accurate disability code, but failure to do so will not affect them. Where employees hired under one of these appointing authorities fail to disclose their disability(ies), however, the appropriate code will be determined from the employee's existing records or medical documentation physically submitted upon appointment.

**Verification of  
U.S. Citizenship or Permanent Residency Status**

**NIH Intramural Research Training Award (IRTA) Program**

IRTA Fellows must provide documented evidence of their U.S. citizenship or permanent residency (resident alien) status before their IRTA awards may be activated. The Fellow may present either one document that establishes both citizenship/residency and identity (List A), or separate documents to establish citizenship/residency and identity (Lists B and C). Only originals or certified copies are acceptable.

ICD Personnel Officers (or designees) complete this form at or before the time that IRTA Fellows report to activate their fellowship awards. The form is not needed for renewals. Personnel Officers are to examine the documents presented, check the boxes in List A *or* Lists B and C (as appropriate), and provide the document identification number and expiration date for each document checked. Personnel Officers then sign and date the form to certify that the documents have been examined and that the Fellow meets the citizenship/residency requirements of the IRTA Program. Keep completed copies of this form with the Fellow's other award documents in accordance with ICD procedures.

Fellow's Name \_\_\_\_\_

|              |                      |                 |
|--------------|----------------------|-----------------|
| ICD List No. | Fellowship Award No. | Activation Date |
|--------------|----------------------|-----------------|

*Complete either List A or Lists B and C (see above).*

| List A<br>Identity and IRTA Eligibility  | List B<br>Identity  | AND<br>List C<br>IRTA Eligibility  |
|--|---|--|
| <input type="checkbox"/> United States Passport<br><input type="checkbox"/> Certificate of United States Citizenship<br><input type="checkbox"/> Certificate of Naturalization<br><input type="checkbox"/> Alien Registration Card with photograph | <input type="checkbox"/> A State-issued driver's license or I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes. Specify State: _____<br><input type="checkbox"/> U.S. Military Card<br><input type="checkbox"/> Other (Specify document and issuing authority)<br>_____ | <input type="checkbox"/> Original Social Security Number Card (other than a card stating it is not valid for employment)<br><input type="checkbox"/> A birth certificate issued by State, county, or municipal authority bearing a seal or other certification |
| Document Identification No.  | Document Identification No.   | Document Identification No.  |
| Expiration Date (if any)   | Expiration Date (if any)  | Expiration Date (if any)   |

|   |           |              |
|---|-----------|--------------|
| I certify that I have examined the documents presented by the above-named individual and that to the best of my knowledge he/she is a<br><br><input type="checkbox"/> U.S. Citizen <i>or</i> <input type="checkbox"/> Resident Alien<br>and is eligible to participate in the NIH IRTA program. | Name      |              |
|   | Title     | Organization |
|   | Signature |              |
|   | Date      |              |



Complete Yellow  
Highlighted Boxes

### ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

OMB No. 1510-0056

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion. See reverse for additional instructions.

#### PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

#### AGENCY INFORMATION

|   |   |   |
|---|---|---|
| FEDERAL PROGRAM AGENCY<br>National Institutes of Health, Office of Financial Management |   |   |
| AGENCY IDENTIFIER:<br>NIH Treasury 303  | AGENCY LOCATION CODE (ALC):<br>75-08-0031 | ACH FORMAT:<br><input type="checkbox"/> CCD+ <input type="checkbox"/> CTX |
| ADDRESS:<br>2115 East Jefferson Street, MSC 8500, Suite 4B-432, Bethesda, MD 20892-8500 |   |   |
| (For FedEx, UPS, and other courier services, use Rockville, MD 20852)                   |   |   |
| CONTACT PERSON NAME:<br>Fellowship Payment, Office of Financial Management              |   | TELEPHONE NUMBER:<br>( 301 ) 496-5635                                     |
| ADDITIONAL INFORMATION:<br>To be entered and attached in the NBS FPS                    |   |   |

#### PAYEE/COMPANY INFORMATION

|                      |                             |
|----------------------|-----------------------------|
| NAME:                | SSN NO. OR TAXPAYER ID NO.: |
| ADDRESS:             |                             |
| CONTACT PERSON NAME: | TELEPHONE NUMBER:<br>(    ) |

#### FINANCIAL INSTITUTION INFORMATION

|   |                             |
|---|-----------------------------|
| NAME:   |                             |
| ADDRESS:  |                             |
| ACH COORDINATOR NAME:   | TELEPHONE NUMBER:<br>(    ) |
| NINE-DIGIT ROUTING TRANSIT NUMBER:  |                             |
| DEPOSITOR ACCOUNT TITLE:  |                             |
| DEPOSITOR ACCOUNT NUMBER:   | LOCKBOX NUMBER:             |
| TYPE OF ACCOUNT:<br><input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX |                             |
| SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:<br>(Could be the same as ACH Coordinator)                                   | TELEPHONE NUMBER:<br>(    ) |



## Training Acknowledgment Agreement

I understand that I received the training requirement information and am required to provide proof of completion of these requirements to my Administrative Officer within two weeks of my start date. Failure to do so may result in the loss of NIH privileges.

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Printed Name

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Signature

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Date

