Released 7/6/99.

Nomination for NIH-Sponsored Courses

Social Security No.	Name (Last, first, middle initial)	ICD and Division, Branch, etc.

Position Title

Pay Plan	Series	Grade	Building and Room	Phone No.
☐ GS ☐ SES ☐ SSS			-	

Course Number	Title of Course

Course Date(s)	Course Cost	CAN

Describe how this course will improve your job performance

Approval Signatures	***Title***	***Date***

NIH 489-1 (11/88)