

NCI ROUTE SLIP-OWM

	DATE IN	DATE OUT	INITIALS
HR POC (fill in name _____)			
ARC Director			
Office of Workforce Management NCI Standing Committee <input type="checkbox"/>			
Michelle Palmer Special Assistant to DDM, NCI			
Lynn Austin, Ph.D. Deputy Director for Management, NCI			
Douglas R. Lowy, M.D. Acting Director, NCI			
Michelle Palmer Special Assistant to DDM, NCI			
Office of Workforce Management			
Return Package to: _____ Bldg/Rm: _____			

Name: _____ **Proposed Effective Date:** _____

Title: _____ **Division/ Office/ Center:** _____

Type of Action:

New Appt **Conversion** **Pay Adjustment: Exceptional** **Quadrennial**

Renewal/Extension **Length:** _____ **Retention/Recruitment Incentives** **Amount:** \$ _____

Cash Award **Amount:** \$ _____ **Other Action** _____

T42 **T5** **T38** **SBRS** **Re-employed Annuitant** **IPA** **Comm. Corps** **Other** _____

Proposed Salary: \$ _____ **Proposed Band:** _____ **Proposed Tier:** _____

Additional Reviews: <input type="checkbox"/> NCI Standing Committee <input type="checkbox"/> DDIR <input type="checkbox"/> ETFC <input type="checkbox"/> NCC/ NCC-P	EXECUTIVE SUMMARY

From: (List person to whom questions should be directed)

Name: _____ **Title:** _____

Bldg.: _____ **Rm.:** _____ **Phone:** _____