

**NCI ROUTE SLIP-OWM**

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

**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:**
- NCI Standing Committee
  - DDIR
  - ETFC
  - NCC/ NCC-P

**EXECUTIVE SUMMARY**

\_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Bldg.:** \_\_\_\_\_ **Rm.:** \_\_\_\_\_ **Phone:** \_\_\_\_\_