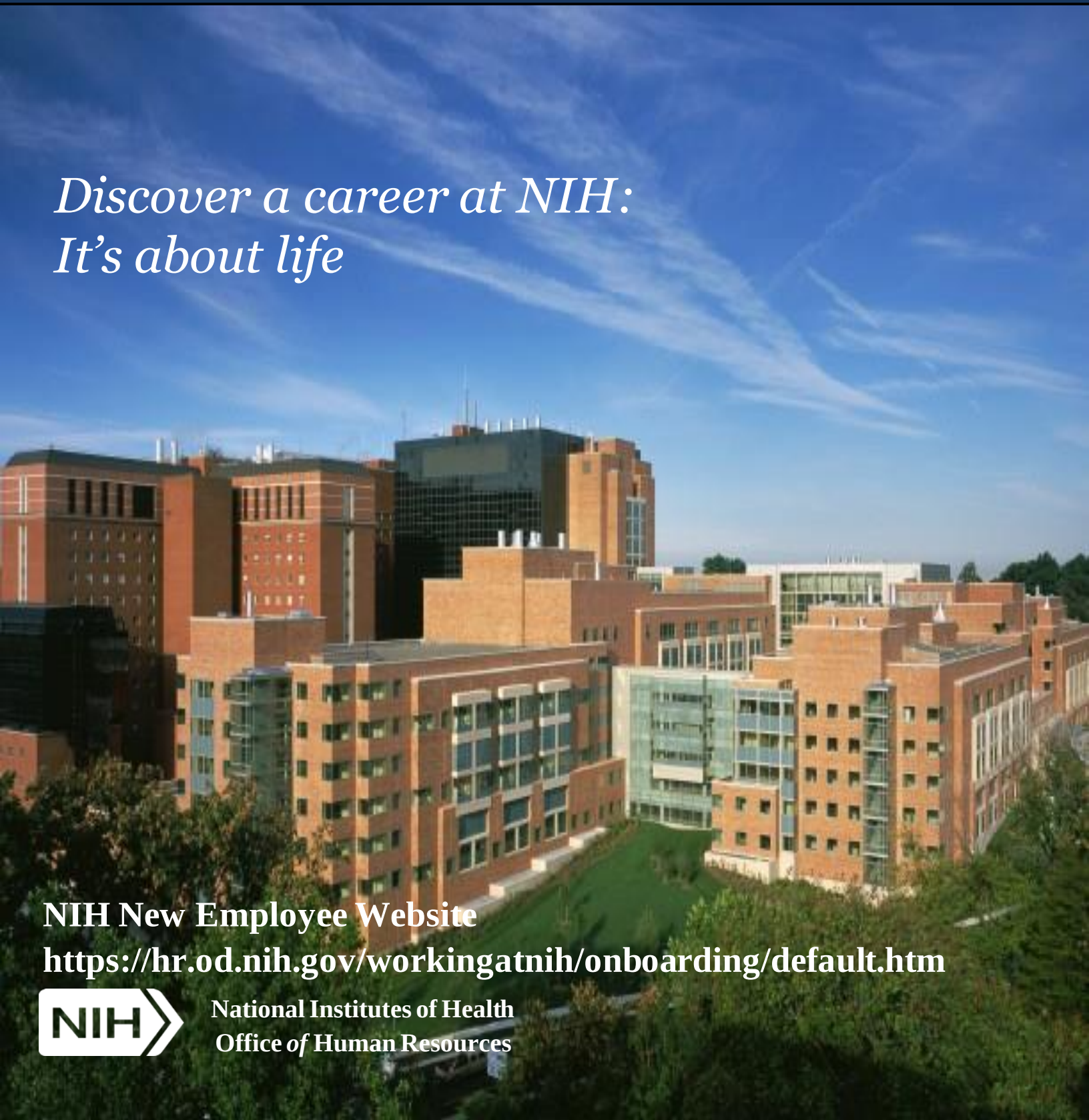
NIH New Employee Handbook



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NIH New Employee Website
https://hr.od.nih.gov/workingatnih/onboarding/default.htm

National Institutes of Health
Office *of* Human Resources

From the NIH Director

The 21st century is a time of rapid growth and change, and we continue to generate new knowledge just waiting to be applied to health. Our ability to understand the science of health as a result of investments in biomedical research will fundamentally alter the way we detect, treat, and most importantly, prevent disease.

The National Institutes of Health (NIH), the nation's medical research agency, has been a driving force behind these advances for many decades. NIH is the largest source of funding for medical research in the world, creating hundreds of thousands of high-quality jobs as we fund thousands of scientists in universities and research institutions in every State across America and around the world. The results of this investment are tangible. We have vaccines to protect us from cervical cancer, flu, shingles, and meningitis. Children diagnosed with leukemia now have a 90 percent chance of survival. Heart disease and stroke are on the decline, thanks to effective medicines and lifestyle changes.

The gains are impressive, but we face new challenges. America is getting older, and chronic diseases consume the vast majority of our health care dollars. Rising rates of obesity, diabetes, and Alzheimer's disease threaten to reverse hard-fought longevity gains earned from our past medical research investment. Health disparities, a complex blend of genetics, the environment, individual behavior, and socioeconomics, remain a vexing problem that limits the reach of science discoveries to all Americans.

What's more, expansive and routine global travel and communication have flattened our world, making it necessary to think without borders when it comes to our nation's health. Emerging and re-emerging infectious diseases, as well as the threat of bioterrorism, require constant vigilance. With the help of the best scientific minds, NIH is meeting these challenges head-on.

Thirty years from now, we will look back and be amazed that we can regenerate lost or injured body parts, that we can tailor health outcomes with individualized prescriptions, that we can eliminate preventable deaths from lung diseases caused by smoking, that we can prevent Alzheimer's, Parkinson's, and other brain diseases that rob us of family and friends. To get there, we must meet today's tough problems with creativity and diligence.

This is a remarkable time of discovery, and the opportunities in science and medicine are at once exciting and urgent. We are on the way to discovering new ways to cure disease, alleviating suffering, and preventing illness. By bringing the best science to the people who need it most, NIH is empowering Americans to embrace healthy living through informed decision-making. Job number-one for me is to be sure NIH can continue to make significant, lasting contributions to public health. This effort will change forever the health of ourselves, our families, our country, and the world.

Francis S. Collins, M.D., Ph.D.

Director, NIH

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Welcome

We are glad that you have chosen to pursue your career at the National Institutes of Health (NIH). NIH is the Nation's medical research agency - making important medical discoveries that improve health and save lives. NIH offers a diverse environment that offers many opportunities for you to grow professionally and personally. We hope that today's orientation will provide you with the support, resources, and guidance necessary for you to start your career with confidence. If you have any questions or concerns, please feel free to contact your Client Services Division (CSD) representative at 301-496-6924.

About NIH

NIH Mission

NIH is the steward of medical and behavioral research for the nation. Its mission is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability.

NIH History

The following are quick facts about NIH history. For extended information about the NIH history, go to www.nih.gov/about/history.htm

1887 – Laboratory of Hygiene established within the Marine Hospital Service (MHS) at Staten Island, NY (Renamed - Hygienic Laboratory in 1891).

1891 – The Hygienic Laboratory was moved to Washington, D.C., near the U.S. Capitol.

1902 – Two acts contributed significantly to the emergence of the Hygienic Laboratory as a center for research within the Federal government. These acts:

- Reorganized the MHS and renamed it the Public Health and Marine Hospital Service (PH-MHS), moving it toward its status as the chief U.S. public health agency;
- Launched a formal program of research by designating the pathological and bacteriological work as the Division of Pathology and Bacteriology and by creating three new components that represented the most fruitful areas for research at that time: the Divisions of Chemistry, Pharmacology, and Zoology;
- Enabled the hiring of Ph.D. specialists; and
- Regulated the production of vaccines and antitoxins.

1912 – Another service reorganization act shortened the name of the PH-MHS to Public Health Service (PHS) and authorized the laboratory to conduct research into noncontagious diseases and into the pollution of streams and lakes in the United States.

1914-1918 (World War I) – The Public Health Service attended primarily to sanitation of areas around military bases in the U.S. The staff of the Hygienic Laboratory traced the cause of anthrax outbreaks among the troops to contaminated shaving brushes and discovered that the bunion pads widely used to cover smallpox vaccinations could harbor tetanus spores.

1916 – The director of the laboratory, Dr. George McCoy, hired the laboratory's first female bacteriologist, Dr. Ida Bengtson.

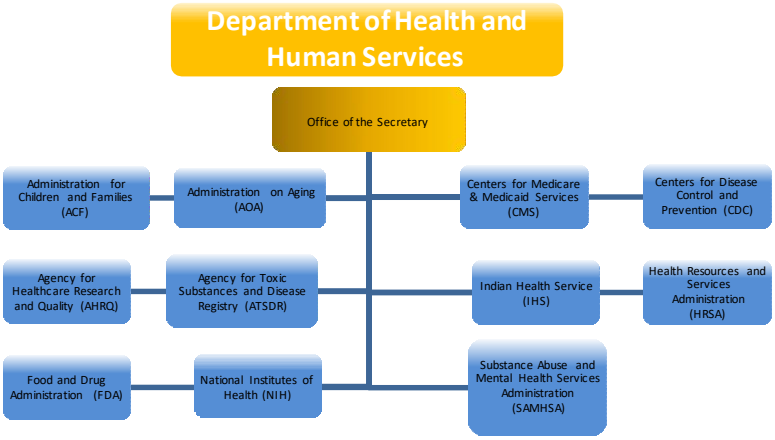
1918 – Influenza pandemic struck Washington; physicians from the laboratory were pressed into service treating patients in the District of Columbia because so many local doctors fell ill.

1930 – The Ransdell Act changed the name of the Hygienic Laboratory to National Institute (singular) of Health (NIH) and authorized the establishment of fellowships for research into basic biological and medical problems.

1937 – The National Cancer Institute was created with sponsorship from every Senator in Congress.

1940 – President Franklin D. Roosevelt dedicated the new NIH campus in Bethesda, Maryland.

NIH Organization



The NIH, a part of the U.S. Department of Health and Human Services (DHHS), is the primary Federal agency for conducting and supporting medical research. NIH is composed of 27 Institutes and Centers (ICs) and the Office of the Director. The NIH headquarters, known as the "NIH Campus" (Appendix A) is located in Bethesda, Maryland. However, NIH research is performed world-wide.

NIH is composed of intramural and extramural research. Intramural labs are headed by Federal employees who work for the IC and are directly funded by the IC budget. Extramural research is research that is conducted by an outside institution and funded through awarded grants or contracts. All NIH ICs are listed below.

CC NIH Clinical Center
http://clinicalcenter.nih.gov

CIT Center for Information Technology
www.cit.nih.gov

CSR Center for Scientific Review
www.csr.nih.gov

FIC John E. Fogarty International Center
www.fic.nih.gov

OD Office of the Director
www.nih.gov/icd/od

NCATS National Center for Advancing Translational Sciences
http://www.ncats.nih.gov/

NCCIH National Center for Complementary and Integrative Health
https://nccih.nih.gov/

NCI National Cancer Institute
www.cancer.gov

NEI National Eye Institute
www.nei.nih.gov

NHGRI National Human Genome Research Institute
www.genome.gov

NHLBI National Heart, Lung, and Blood Institute
www.nhlbi.nih.gov

NIA National Institute on Aging
www.nia.nih.gov

NIAAA National Institute on Alcohol Abuse and Alcoholism
www.niaaa.nih.gov

NIAID National Institute of Allergy and Infectious Diseases
www.niaid.nih.gov

NIAMS National Institute of Arthritis and Musculoskeletal and Skin Diseases
www.niams.nih.gov

NIBIB National Institute of Biomedical Imaging and Bioengineering
www.nibib.nih.gov

NICHD *The Eunice Kennedy Shriver* National Institute of Child Health and Human Development
www.nichd.nih.gov

NIDA National Institute on Drug Abuse
www.nida.nih.gov

NIDCD National Institute on Deafness and other Communication Disorders
www.nidcd.nih.gov

NIDCR National Institute of Dental and Craniofacial Research
www.nidcr.nih.gov

NIDDK National Institute of Diabetes and Digestive and Kidney Diseases
www.niddk.nih.gov

NIEHS National Institute of Environmental Health Sciences
www.niehs.nih.gov

NIGMS National Institute of General Medical Sciences
www.nigms.nih.gov

NIMH National Institute of Mental Health
www.nimh.nih.gov

NIMHD National Institute on Minority Health and Health Disparities
www.nimhd.nih.gov

NINDS National Institute of Neurological Disorders and Stroke
www.ninds.nih.gov

NINR National Institute of Nursing Research
www.ninr.nih.gov

NLM National Library of Medicine
www.nlm.nih.gov

NIH Goals

- Foster fundamental creative discoveries, innovative research strategies, and their applications as a basis for ultimately protecting and improving health;
- Develop, maintain, and renew scientific human and physical resources that will assure the Nation's capability to prevent disease;
- Expand the knowledge base in medical and associated sciences in order to enhance the Nation's economic well-being and ensure a continued high return on the public investment in research; and
- Exemplify and promote the highest level of scientific integrity, public accountability, and social responsibility in the conduct of science.

NIH Accomplishments and Discoveries

- Life expectancy was only 47 years in 1900; by 2009, it was 78 years.
- The number of AIDS-related deaths fell by about 70% between 1995 and 2001.
- Sudden infant death syndrome rates fell by more than 50% between 1994 and 2000.
- Death rates from heart disease and stroke fell by 60% and 70%, since 1940.
- In 2007, for the first time in our nation's history, the absolute number of cancer deaths in the U.S went down. Cancer death rates have dropped 13.5% among women and 21.2% among men, for the period of 1992 to 2007, which translates into over 750,000 lives saved.
- Infectious diseases such as rubella, whooping cough, and pneumococcal pneumonia that once killed and disabled millions of people are now prevented by vaccines.
- Quality of life for 19 million Americans suffering with depression has improved as a result of more effective medication and psychotherapy.

Medical Discoveries

- The sequencing of the human genome set a new course for developing ways to diagnose and treat diseases like cancer, Parkinson's, and Alzheimer's, as well as rare diseases.
- In response to the anthrax attacks of 2001, the NIH launched and expanded research to prevent, detect, diagnose, and treat diseases caused by potential bioterrorism agents.
- New and improved imaging techniques let scientists painlessly look inside the body and detect disease in its earliest stages when it is often most effectively treated.
- Researchers aggressively pursue ways to make effective vaccines for deadly diseases like HIV/AIDS, tuberculosis, malaria, and potential agents of bioterrorism.
- Progress in understanding the immune system may lead to new ways to treat and cure diabetes, arthritis, asthma, and allergies.
- New, more precise ways to treat cancer are emerging, such as drugs that zero in on abnormal proteins in cancer cells.
- Novel research methods are being developed that can identify the causes of outbreaks, such as Severe Acute Respiratory Syndrome (SARS), in weeks rather than months or years.

Research for the People

The NIH invests over $31.2 billion annually in medical research for the American people. About 10% of the NIH's budget supports projects conducted by nearly 6,000 scientists in its own laboratories. More than 80% of the NIH's funding is awarded through almost 50,000 competitive grants to more than 325,000 researchers at over 3,000 universities, medical schools, and other research institutions in every state and around the world.

Through this research, we are on the way to discovering new ways to cure disease, alleviating suffering, and preventing illness. By bringing the best science to the people who need it most, NIH is empowering Americans to embrace healthy living through informed decision making.

Looking to the Future

Thanks in large part to NIH-funded medical research; Americans are living longer, healthier lives. But our nation still faces a number of serious chronic illnesses. Cardiovascular disease, cancer, diabetes, and mental health problems such as depression and schizophrenia continue to cause premature death and disability. NIH has made strides in these areas over the past 20 years, but our work is not done.

Science has always been a marathon, not a 100-yard dash.

Fortunately, the 21st century is a truly revolutionary period for science, technology, and medicine. The "new biology" is an exciting time when physicists and physicians, chemists and computer scientists, engineers and economists, and mathematicians and materials scientists combine their creative talents and natural curiosity to solve important health problems. Many concepts and tools central to understanding and improving health have come from basic, untargeted research, and we anticipate this will continue into the future.

Revolutionary new ideas often come from unexpected directions. Engaging and training the next generation of scientists is crucial to building on our strong foundation. One of the keys to solving the problem of health disparities is assuring that tomorrow's scientific workforce reflects the rich diversity of the U.S. population. Smart investments in medical research and in the intellectual vigor of our increasingly interdisciplinary and diverse research community have the potential to keep our nation healthy, strong, and competitive for years to come. In the global 21st century, the greatest hope for a future of good health for all lies in medical research, and the promise has never been greater.

Now is the time to be bold.

Training

Mandatory Training

The first trainings you will need to take are the NIH Security Awareness, Privacy Awareness and Records Management trainings. Once you complete these trainings and have attended the NIH New Employee Orientation, you should contact the NIH Help Desk at 301-496-HELP (4357) to obtain an NIH username and password. After you log onto your computer you should follow the steps 1 through 3 below:

Step 1: Determine your mandatory training courses

Please work with your supervisor to determine the mandatory training required in your role:

- Go to the Mandatory Training Inventory at http://mandatorytraining.nih.gov/.
- Answer all of the questions to obtain your personal profile of mandatory trainings.
- Save the list of mandatory trainings and their deadlines.
- Talk with your supervisor to determine if any other training courses are required.

Step 2: Register for your courses

After you arrive at the NIH you will be required to register for and attend many of your mandatory trainings within the LMS. The Learning Management System (LMS) is a system designed to manage training needs across DHHS. The LMS offers you many benefits including the ability to take online courses, register for classroom training, check your training history, and assess your competencies.The following provides instructions on how to find and register for mandatory trainings within the LMS:

- Go to https://lms.learning.hhs.gov.
- Select the link located in the red box under "Login Instructions – NIH Users Only."
- Follow the instructions to obtain your LMS Login ID and password.
- Log into LMS.
- Go to the "Learning" tab.
- Select "Catalog."
- Select "Mandatory Training" under the "01-NIH Courses" category.
- Scroll down the list of offerings until you find your course.
- Click "Register" to the right of the course you want to take.
- Click "Launch Content" under the blue table heading.
- Follow prompts to complete your course.

Some mandatory training courses are not available in the LMS. To take these courses you must go to the website(s) listed on your personal profile of mandatory trainings.

Step 3: Enjoy your training!

- Save the certificates at the completion of each course.
- Provide documentation of completed mandatory training to your supervisor.

Individual Development Plan

Our goal is to provide you with the guidance and training necessary to reach your full potential. An individual Development Plan (IDP) helps you outline career goals within the context of organizational objectives. An IDP can help you and your supervisor to develop an action plan to build on strengths and improve weaknesses related to job performance and career goals. IDP information and forms are available on the IDP website.
https://hr.nih.gov/working-nih/competencies/additional-competency-resources

Training Opportunities

NIH offers a wide range of training opportunities and career development programs. Your supervisor will be able to provide you with policies and procedures on how to request time to attend a training course and/or financial support.

http://trainingcenter.nih.gov/

NIH Resources

To support professional development, career advancement, individual health, workplace safety, and personal obligations, the NIH offers a variety of resources and services to its employees. To get the most out of your employment and to learn more about resources available to you, visit the NIH resources website.

http://hr.od.nih.gov/workingatnih/default.htm

HHS Identification Badge

To obtain an HHS identification badge, you must **complete the 4 steps below**:

www.idbadge.nih.gov/badge/4steps.asp

Step 1: Pre-Enrollment

The first step in the ID badge process is for your Administrative Officer (AO) to enter you into the NIH Enterprise Directory (NED) and request a badge. During this process, the AO will invite you to complete a badge request either in a paper form or online. The form will ask you for additional personal information including your place of birth. To confirm that you have been entered into the NED, go to http://ned.nih.gov. If you do not see your name in the NED or the badge request is not complete, you will need to contact your program coordinator and/or AO.

Step 2: Enrollment

Once the pre-enrollment phase is complete, you or your AO will receive an e-mail notifying you to make an enrollment appointment. The enrollment appointment consists of capturing your fingerprints and photograph. You will also be identity – proofed and must show two forms of identification. For a list of acceptable forms of identification, please visit https://www.uscis.gov/i-9-central/form-i-9-acceptable-documents. Please note that one form of identification must be a photo ID issued by the Federal or State government. If you have not been enrolled before your first day at NIH, you can report to the Division of Personnel Security and Access Control (DPSAC) enrollment office, Building 31, Room, 1B03, (Appendix B) at your scheduled appointment time. You are encouraged to enroll as soon as you are able to do so to avoid any delay in the ID badging process before your first day. If you have not been enrolled prior to your first day at NIH, you will have the opportunity to be enrolled after your orientation(s), with the DPSAC enrollment office, Building 31, Room, 1B03.

Step 3: Background Investigation

As a Federal employee you must complete a background investigation. DPSAC will need to determine whether you already have an investigation at the appropriate level on file for your position at NIH. If not, DPSAC will send an e-mail with details on what you need to do to complete the investigation. If DPSAC determines you do have the appropriate investigation needed for your position at NIH, you will not have to complete a new one.

Step 4: Badge Issuance

Once you have completed enrollment and background investigation requirements, you will be notified by e-mail to make a badge issuance appointment. If you want to inquire about the status of your badge or need additional assistance with completing any of the required investigation forms, please visit the DPSAC office after you have completed your orientation(s).

Transportation Services

NIH Federal employees are eligible for a variety of transportation services including NIH campus parking permits and the Transhare program, which provides public transportation subsidies.
http://www.ors.od.nih.gov/pes/dats/parking/Pages/parking_info.aspx.

Campus Parking

Parking permits may be obtained at the Transportation Office located in Building 31, A Wing, 1St Floor, Room, 1A11. Employees must present a valid HHS ID Badge (or NED number), valid registration certificate (or copy) for each vehicle (maximum of 3), and a valid driver's license. Each vehicle parking on the NIH campus must display an NIH parking permit. http://www.ors.od.nih.gov/pes/dats/parking/Pages/GeneralInfo.aspx

Off Campus - Parking

If you require parking at one of the NIH satellite facilities, contact your AO. If you do not know who your AO is, you can ask your Office of Human Resources Client Service Department (CSD) representative who signed your final offer letter, or your supervisor. http://www.ors.od.nih.gov/pes/dats/parking/Pages/montrose.aspx

Transhare Program (Transportation Subsidies)

In lieu of a parking permit, Federal employees are eligible for subsidies toward transportation or vanpool costs. Public transportation subsidies may be obtained by completing NIH Form 2705-1 and submitting it to the Transportation Office (Appendix B). Employees must present an HHS ID Badge or NED number AND a Government issued photo ID. For vanpool subsidies, you should contact the transportation office for availability and procedures.
http://www.ors.od.nih.gov/pes/dats/transhare/Pages/transhare.aspx

Federal Employment

Appointment Mechanisms

Your appointment mechanism and the duration of your probationary period, if applicable, will be provided in your offer letter. If you are under a career or career-conditional appointment, you are permanent and subject to the civil service regulations. If you are under a temporary appointment, you are subject to the civil service regulations and your appointment has a predetermined not–to–exceed date, generally less than one year. If you are under an excepted appointment, you are exempt from civil service regulations and the duration of your appointment may be definite or indefinite.

The appointment mechanism will also determine your eligibility for Federal benefits. If you are hired on a permanent appointment or an appointment for more than one year, you are generally eligible for benefits. If you have questions about your appointment, please contact your Office of Human Resources representative.

Work Schedules & Hours of Duty

Work schedules, hours of duty, and flexibilities will depend on your position type and organizational need. You will need to talk with your supervisor about what the expectations are for your position and what flexibilities could be offered to support work/life balance.

For more information on NIH leave or work schedules please refer to the NIH Leave Guide for Civilian Employees.
http://hr.od.nih.gov/benefits/leave/leaveguide.htm

NIH Telework Program

Telework is a flexible workplace arrangement that allows eligible employees to perform assigned duties at an approved alternative worksite instead of the office, e.g. at home. Telework can be performed on a regular schedule or an Ad hoc basis.

- Regular telework is set up as part of an employee's work schedule. Approval is given for the employee to telework on specific days during each pay period.
- Ad-hoc telework is done on a case-by-case basis. Employees request approval from supervisors each time they want to telework. It's most often used for inclement weather situations or special work assignments, but it can also help employees reduce absences from work.

Eligibility for telework will depend on the duties of the employee's position and the organization's needs. The supervisor will use criteria established by NIH policy, in general, employees are eligible if they:

- Have duties that can be done off-site, don't involve secure materials (e.g., classified documents), don't require close supervision or daily face-to-face interaction with co-workers or customers, and do generate work results that can be measured or evaluated against a performance plan
- Have a fully successful performance record and aren't on a *Performance Improvement Plan*, haven't been disciplined for being AWOL or violating the *Standards of Ethical Conduct for Employees of the Executive Branch/subpart G*, have sufficient employment history for the supervisor to allow participation, and don't have an official disciplinary or similar action documented in their official personnel file.

The employee will be required to take telework training and enter into a written agreement that outlines the conditions for telework. For more information on telework at NIH, please visit the program's website https://hr.nih.gov/working-nih/work-schedules/telework

NIH Emergency Tier Designation Program (ETD)

NIH has a Continuity of Operations Plan (COOP) in place that is designed to ensure maintenance of NIH mission essential functions

ETDs are made by each Institute's Management and are tiered in three categories based on the activities/functions performed by the employee that support the NIH/IC mission and if the employee has an approved NIH telework agreement. All NIH employees must be assigned to a specific Tier.

- **Tier I – Emergency Employees:** Employees designated as "Emergency" must remain at work onsite or report to work onsite at the regularly scheduled start of their duty hours upon notification of delayed openings, early dismissals, closures, and other announcements regarding the use of unscheduled telework or unscheduled leave by the OPM, NIH, or senior leadership in the Office of Human Resources (OHR) and the Office of the Director (OD) or their IC unless otherwise directed by their supervisor.
- **Tier II – Non-Emergency/Teleworkers**: Employees designated as "Tier II – Non-Emergency/Teleworkers" and perform functions that could be performed at an alternative worksite. These employees participate in the NIH Telework Program and have current and approved NIH telework agreements with ad hoc selected for emergency purposes. Tier II employees would be expected to telework during emergencies.
- **Tier III – Non-Emergency/Non-Teleworkers**: Employees designated as "Tier III – Non-Emergency/Non-Teleworkers" include the following:
    - Employees whose functions must be performed onsite at their duty station but not at the onset of an emergency
    - Employees whose functions must be performed onsite at their duty station but not during an emergency when the emergency impacts their duty station (also relevant for an at-home duty station)
    - Employees who are not eligible to telework
    - Employees who choose not to participate in the NIH Telework Program

More information regarding the ETD program can be found on the NIH Administrative Hub https://adminhub.nih.gov/.

Meals & Breaks

A meal period is a minimum of one-half hour of unpaid time set aside for eating. A meal period must be provided if the employee is scheduled to work 8 or more hours a day. A meal period may be provided if the employee is scheduled to work more than 5 but less than 8 hours a day. A meal period is usually not provided if the employee is scheduled to work 5 or fewer hours a day, however; the employee's request for one may be granted at management's discretion. A meal period may not be skipped at the discretion of the employee in order to shorten the length of the work day.

Breaks are brief period of paid work time set aside at the management's discretion for the efficiency, health, or safety of the employees. Breaks are granted at the discretion of management and, as such, are an employee benefit, not an entitlement. Breaks may not be scheduled immediately before or after meal periods or at the start or end of the workday. Breaks also may not be accumulated for use in lieu of leave.

https://policymanual.nih.gov/2300-610-5/

Primary types of Leave

You will accrue annual and sick leave on a bi-weekly basis. If you are a part-time employee, this leave will be prorated based on the number of hours you work. Employees are required to obtain supervisory approval prior to taking leave. Employees can carry over up to 240 hours of annual leave and an unlimited amount of sick leave from one leave year to the next. If you are under a temporary appointment with a not-to-exceed date of 90 days or less, then you are not eligible to accrue annual leave. See Appendix C for more information about other leave types.
https://hr.nih.gov/working-nih/work-schedules

Bi-Weekly Leave Accrual (Hours and days based on full-time regular tour)		
Creditable Service	**Annual Leave**	**Sick Leave**
0 to 3 years	4 hours (13 days per year)	4 hours
3 to 15 years	6 hours (20 days per year)	4 hours
15 + years	8 hours (26 days per year)	4 hours

Voluntary Leave Transfer Program

The Voluntary Leave Transfer Program (VLTP) is a leave sharing program that may be used in the event of a personal or family medical emergency. If you are impacted by a medical emergency and you are projected to go into a non-pay status of at least 24 hours, you can contact your VLTP Coordinator (designated by IC) to enroll in the program. If approved, you will become eligible to accept annual leave donations from other Federal employees. We encourage anyone who has excess leave to donate to eligible recipients.
https://hr.nih.gov/benefits/leave/vltp/voluntary-leave-transfer-program-vltp

NIH Leave Bank Program (Leave Bank)

The NIH Leave Bank Program (Leave Bank) is a leave transfer program, similar to the Voluntary Leave Transfer Program (VLTP). The Leave Bank is a pooled fund of annual and restored annual leave. Contributors donate leave to the Leave Bank and approved recipients draw leave out of the bank to cover time out of office due to a personal or family medical emergency. The Leave Bank works like an insurance policy for your paycheck and offers income protection to eligible members in case the worst happens.

To be eligible to receive leave from the Leave Bank, you must meet the following requirements:

- You must be a Leave Bank member for the current leave year;
- You must be experiencing a qualifying medical emergency, complete a Leave Bank application packet and provide medical documentation (only medically-supported leave will be approved); and
- You must be projected to exhaust all of your own leave and be in non-pay status for at least 24 hours. (Note: All of your own accrued sick and annual leave must be used before any Leave Bank leave can be applied.)

Approved leave recipients may receive up to 480 hours from the Leave Bank for personal medical emergencies and up to 480 hours for family medical emergencies during each leave year. The maximum amount of leave a Leave Bank recipient may receive from the Leave Bank in a leave year is 720 hours.

New employees can choose to become Leave Bank members within 60 days of their enter-on-duty date by submitting their election in ITAS under "Leave Bank Membership." ITAS can be accessed at https://itas.nih.gov. Additionally, there is an annual Open Enrollment during which time employees may elect to become Leave Bank members. The Open Enrollment typically runs mid-November through mid-December and is announced NIH-wide via various communications.

To be a Leave Bank member each leave year, the **annual** membership contribution is one pay period's worth of annual leave accrual – 4, 6, or 8 hours, depending on your leave category. The membership contribution will automatically be waived if you lack sufficient leave to make the membership contribution, or if you are currently a Leave Bank recipient or participating in the Voluntary Leave Transfer Program (VLTP). Once you become a Leave Bank member, your membership will automatically renew each year, unless you take action in ITAS during the Open Enrollment to opt-out. Questions may be directed to the NIH Leave Bank Office at 301-443-8393 or LeaveBank@od.nih.gov.

Federal Holidays

As an NIH employee, you may be eligible for paid leave on all Federal holidays. The table below identifies the Federal holidays. If you are a part-time employee, you will be paid for any holidays that fall within your scheduled tour of duty.

Federal Holidays	
Holiday	**Date**
New Year's Day	January 1
Martin Luther King, Jr's, Birthday	Third Monday in January
President's Day	Third Monday in February
Memorial Day	Last Monday in May
Independence Day	July 4
Labor Day	First Monday in September
Columbus Day	Second Monday in October
Veterans Day	November 11
Thanksgiving Day	Fourth Thursday in November
Christmas Day	December 25

https://www.opm.gov/policy-data-oversight/pay-leave/pay-administration/fact-sheets/holidays-work-schedules-and-pay/

Performance Appraisal

HHS Senior Executive and Organizational Performance Management System

The **HHS Senior Executive and Organizational Performance Management System** is applicable to all Senior Executive Service (SES) and certain Title-42 Senior Level Scientists (e.g., IC Directors, IC Deputy Directors). The system is designed to produce accountability for results for senior executives and is the foundation for cascading performance expectations that align with HHS and NIH priorities, with explicit links with the HHS mission, strategic plan, and human capital plan. Organizational performance results are incorporated into decisions about individual performance ratings and recognition.

https://intrahr.od.nih.gov/compensation/perfmgmt/pmapoverview.htm

HHS Performance Management Appraisal Program

The **HHS Performance Management Appraisal Program** (PMAP) runs on a calendar year cycle and is applicable to all General Schedule (GS), Wage Grade (WG, WL, WS), Senior Biomedical Research Service (SBRS), and Title 42 209(f) and Title-42 209(g) employees who are not covered under the HHS Senior Executive and Organizational Performance Management System (PMS). PMAP is designed to facilitate the execution of basic management and supervisory responsibilities and communicate or clarify organizational goals and objectives. The HHS PMAP policy is one component of the on-going process of performance management, which also includes frequent informal feedback, recognition and awards, coaching, skills development, and appropriate corrective action.

https://intrahr.od.nih.gov/compensation/perfmgmt/pmapoverview.htmPay

Your offer letter will contain your salary and pay plan. Federal employees are paid on a bi-weekly basis and will have your pay direct-deposited into your bank account. The pay dates are provided on the payroll calendar (Appendix D). Detailed pay information is provided on your Leave and Earnings Statement (LES) and will be available through the myPay system. However, your first two LESs will be mailed to your home address.

https://hr.nih.gov/benefits

Sample LES (Appendix E page 24) Terms used on the LES:
https://hr.nih.gov/benefits/pay/pay-slip-terms
The three most common pay plans used at NIH:

General Schedule (GS) – the GS pay plan is a fifteen grade pay system comprised of base pay, locality pay, and 10 within grade steps. Employees in this pay plan are eligible for regular performance pay increases and irregular performance pay increases. For regular performance pay increases, there is a one year waiting period for advancement to steps two through four, a two year waiting period to steps five through seven, and a three year waiting period to steps eight through ten. For the current GS locality pay tables, go to https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2020/general-schedule/.

Administratively Determined (AD) – the AD pay plan is ungraded and the criteria for the salary and pay increases are administratively determined.

Wage Grade (WG) – The Federal Wage System is a uniform pay-setting system that covers skilled labor employees who are paid by the hour. It ensures that pay is in line with other private and public sector employees who have similar positions. For more information, visit https://www.opm.gov/policy-data-oversight/pay-leave/pay-systems/federal-wage-system/

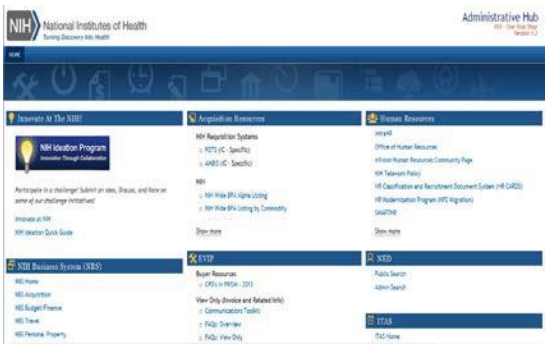
Your Rights As A Federal Employee

As a Federal employee with the Department of Health and Human Services (HHS), you are provided information at www.osc.gov about prohibited personnel practices, and whistleblower protections under the statutes enforced by the Office of Special Counsel (OSC). It is your responsibility to familiarize yourself with this information, which explains your rights and remedies.

Your Rights As a Federal Employee
Prohibited Personnel Practice (PPP)
Know Your Rights When Reporting Wrongs
HHS Office of Inspector General Whistleblower Ombudsman

Automated Systems

Administrative Hub



https://adminhub.nih.gov

The Administrative Hub contains a variety of NIH community pages that may be useful to any employee. You can find frequently-used web pages, launch systems and databases, and collaborate with colleagues.

HR Resources for NIH Employees - IntraHR

https://ohr.od.nih.gov/intrahr/Pages/default.aspx
The IntraHR at the NIH is the primary website for NIH employees to access internal Human Resources (HR) information. The Office of Human Resources (OHR) provides strategic programs, client services, and workforce relations support to the NIH.

NIH OHR Public Website

https://hr.nih.gov/
The NIH Office of Human Resources (OHR) website houses the public NIH HR information. The OHR Website provides valuable information on HR topics such as benefits, pay, and leave as they pertain to NIH employees. We would recommend that you review the HR Systems section for more information on HR self-service tools such as ITAS, myPay, EBIS and eOPF.

Integrated Time and Attendance System (ITAS)

https://itas.nih.gov

As a new employee, you must verify that you are entered into ITAS within the first week of employment with the NIH. You will not get paid if you are not correctly entered into ITAS. Also, you may be required to verify your timecard each pay period and must request leave and Ad-hoc telework through ITAS. Your username and password will be the same as your NIH credentials. For more information on ITAS, visit https://hr.nih.gov/hr-systems

myPay

https://mypay.dfas.mil/mypay.aspx

myPay is a self-service system provided by the Defense Finance and Accounting Service (DFAS), NIH's payroll provider. You may view your LES through myPay. It may take up to six weeks before you receive a PIN to access myPay. For more information on myPay at the NIH, visit https://hr.nih.gov/hr-systems/mypay

Electronic Official Personnel Folder (eOPF)

https://ams.hhs.gov/amsLogin/SimpleLogin.jsp
The eOPF system provides Federal employees with online access to the documents covering their employment history with the Federal government. It enables employees to view, print, or save personnel and benefits documents such as the Notification of Personnel Action form (SF-50). You will be e-mailed your eOPF username and password approximately two to three weeks after your start date. Also, you will receive an e-mail notification as documents are u review your eOPF upon appointment and each time you receive an e-mail notification or annually, whichever is more frequent. If you do not understand why a particular document(s) is or are in the eOPF, you should contact your servicing CSD representative at 301-496-6924. For more information, please go to the eOPF page on the OHR website https://hr.nih.gov/hr-systems/eopf

Employee Benefits Information System

New Users
To access EBIS simply go to:
https://hhs.benefitsinfo.net

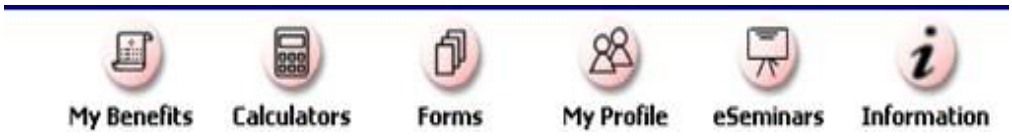
The first time you access the EBIS system you must create a unique Username and Password. To begin this process: Click on the New User button toward the bottom of the page.

You will be asked to verify your identity. The majority of this information can be obtained from your pay stub. You will need your:

Employee ID Number
First Name
Last Name
Date of Birth

After establishing your account you will be able to login and access the system.

EBIS is an enterprise web application designed to provide employees covered under the Civil Service and Federal Employees Retirement Systems (CSRS and FERS) 24/7 access to personal and general benefits and retirement information. **New employees will receive and email with instructions on how to access EBIS in approximately 4 weeks following entrance-on-duty.** With EBIS, you can view a statement of your benefits, use calculators to perform various "what-if" retirement scenarios, have access to online preretirement seminars, financial planning resources, and benefits overview for new hires.



Federal Benefits

As an NIH employee, you may be entitled to the seven benefit programs (health, dental, vision, flexible spending accounts, life, long term care, and retirement). For more information about these programs and their rates, go to www.opm.gov/insure. The Benefits and Payroll Liaison Branch (BPLB) office is located in Building 31, C Wing, Floor B3, Room 23 (Appendix B). You may contact your servicing BPLB representative at 301-496-4556.

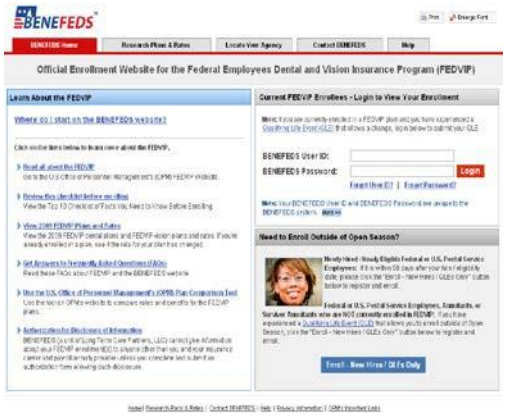
Federal Employees' Health Benefits (FEHB)

https://hr.nih.gov/benefits/insurance/insurance-programs

The FEHB offers a wide variety of health plans from which to choose, including traditional fee-for-service plans, health maintenance organizations, and high- deductible plans with Health Savings Accounts. Some plans also offer dental and vision benefits. You have a choice of coverage for you or for you and your eligible family members. The Federal government pays approximately 75% of the cost of the plan and you pay the balance on a pre-tax basis. To choose the best plan for you, we recommend using the FEHB comparison tool, https://www.opm.gov/healthcare-insurance/healthcare/plan-information/compare-plans/ and to contact health carriers to ask questions about coverage.

If you would like to elect health coverage, you must complete and submit your health election form (SF-2809), available in Onboarding Manager, to BPLB within 60 days of appointment date. Enrollment is not retroactive, and it cannot be made effective the day you enter on duty as you must have been in a pay status during some part of the pay period which precedes the one in which your enrollment becomes effective. Once this requirement has been met, your enrollment will become effective on the first day of the first pay period that begins after your enrollment form has been received in the BPLB office. Thus, the earliest your health insurance can possibly become effective is the beginning of the pay period that begins after the pay period in which you are hired.

Federal Employees' Dental and Vision Insurance Program (FEDVIP)



www.benefeds.com

FEDVIP offers a variety of plans from which to choose to supplement coverage offered through your health plan. You have a choice of coverage for yourself, yourself plus one family member, or yourself and all your family members. You pay the entire premium on a pre-tax basis. To make an informed decision about your dental and vision plans, you can use the FEDVIP comparison tool at www.opm.gov/insure/dental/search/fedvipsearch.aspx or www.benefeds.com **If you would like to elect dental and/or vision coverage you must complete and submit your election at www.benefeds.com within 60 days of employment.**

Federal Employees' Group Life Insurance (FEGLI)

https://hr.nih.gov/benefits/insurance/life-insurance

The FEGLI program offers term life insurance coverage. The program offers a basic benefit which is approximately $2,000 more than your base salary and is automatic at appointment. The Federal government pays one-third of the cost for basic coverage. In addition to the basic coverage, you may elect optional insurance to increase your benefit, as well as to provide coverage for your family. You pay the entire premium for any optional coverage you elect. We recommend that you use the FEGLI calculator, https://www.opm.gov/retirement-services/calculators/fegli-calculator/, so that you can make an informed decision about your life insurance coverage. **You must complete and submit your life insurance election form (SF- 2817), available in Onboarding Manager, to BPLB within 60 days of employment.**

Flexible Spending Accounts (FSA)

www.fsafeds.com

The FSA is a tax-favored program that allows you to set aside pre-tax money from your salary to pay for a variety of eligible expenses. There are three types of FSAs:

Health Care FSA	Limited Expense Health Care FSA	Dependent Care FSA
Covers eligible health care expenses not reimbursed by your medical, dental, or vision care plans.	Covers only dental and vision benefits if you are covered under a high deductible health plan and are not eligible for a regular health care FSA.	Covers eligible dependent care expenses incurred so you and your spouse, if married, can work, can look for work, or attend school full time.
Over-the counter medicines and products are also reimbursable when the product is used for medical purposes.		
Eligible dependents for this account include anyone you claim on your Federal income tax return as a qualified IRS dependent and/or a person with whom you jointly file your taxes.		Eligible dependents for this account include your IRS tax dependent(s) under age 13 or a dependent at any age if he/she is unable to care for him/herself. This includes parents if they are considered dependents.

You may choose to participate in the health care account and/or the dependent care account. Each year a benefit open season occurs in mid-November through early December. During the open season you may assess your FSA account and must re-enroll if you want to contribute the following tax year. To learn more about eligible expenses, go to the FSA eligible expenses, https://fsastore.com/FSA-Eligibility-List.aspx

If you would like to take advantage of this pre-tax program, you must submit your election on www.fsafeds.com **within the first 60 days of employment.** Enrollments received after October will be applied the following tax year.

Federal Long Term Care Insurance Program (FLTCIP)

www.ltcfeds.com

The FLTCIP offers protection in the event that you are unable to take care of your everyday needs such as bathing, dressing, and eating. Coverage is offered in your own home, an assisted-living facility, or nursing home. You have a choice of coverage for yourself, spouse, parents, parents-in-law, and adult children. You pay the entire premium. To enroll in FLTCIP, you must complete and submit an electronic application, available on the www.ltcfeds.com website. Enrollments filed within 60 days of employment are subject to the abbreviated application. After 60 days, employees are **subject to full underwriting.**

Federal Employees Retirement System – Revised Annuity Employees (FERS-FRAE)

Three Components of FERS-FRAE:

https://hr.nih.gov/benefits/retirement/fers

1. **Basic Benefit Plan** – Defined benefit plan

2. **Social Security** – Old age, survivor, and disability benefits.

3. **Thrift Savings Plan (TSP)** – Defined contribution plan

   10.4% of your basic pay is withheld each pay period as a mandatory contribution toward your retirement plan. You pay 4.4% (for anyone hired after January 1, 2014) of basic pay to the Basic Benefit Plan and 6.2% of taxable earnings to Social Security taxes. Social Security and TSP are "portable," so that if you leave Federal employment, you may continue the benefits.

The Thrift Savings Plan is a tax deferred retirement savings account and a critical component of building an adequate retirement income. **You will have an automatic 5% of your basic pay withheld from your salary and it will be deposited into the G fund of your TSP account.** This contribution, along with an additional 4% of your pay (agency automatic 1% and the 3% matching contributions) will be deposited into your TSP account.

Once your account has been established, you may choose to invest your contributions and the agency contributions in any of the five investment funds or the life-cycle funds. For help estimating how much you need to save for retirement, use the Ballpark Estimate calculator at www.choosetosave.org.

Agency Contributions (bi-weekly):

- **Agency automatic contribution – 1% of your basic pay (vested after 3 years of Federal service)**
- **Agency matching contributions – up to 4% of your basic pay**
- **First 3% you contribute – 100% agency matching/ dollar for dollar**
- **Next 2% you contribute – 50% agency matching/ 50 cents on the dollar**

Fund Options:

- G Fund **– Government Securities Investment Fund**
- F Fund **– Fixed Income Index Investment Fund**
- C Fund **– Common Stock Index Investment Fund**
- S Fund **– Small Cap Stock Index Investment Fund**
- I Fund **– International Stock Index Investment Fund**
- Lifecycle Funds (L Funds) **– professionally determined investment mixes that are tailored to meet investment objected based on various time horizons. The objective is to strike an optimal balance between the expected risk and return associated with each fund.**

You may start, stop or change your contributions at any time by submitting the TSP Election form (TSP-1) to the BPLB or, once your myPay account is established, by modifying your contribution in myPay. However, if you wish to not have any contributions withheld on your first pay check, you must submit this form no later than the first Friday in the pay period you entered on duty. If you would like to request a refund of the automatic TSP withholdings, you have 90 days from your enter on duty date to complete a Request for an Automatic Enrollment Refund form (TSP-25) and fax it to TSP at 1-866-817-5023. More information about TSP and TSP account access is available at www.tsp.gov.

Designation of Beneficiaries

Your completion of these forms is optional, but if not completed, in the event of death any monies will be paid according to the normal order of precedence, as follows:

- **Spouse, if any.**
- **Otherwise to children in equal shares, if any.**
- **Otherwise to parents in equal shares, if living.**
- **Otherwise to executor of the estate, if any.**
- **Otherwise to your next of kin under applicable state law.**

If you wish money to be paid in a manner and/or to individuals not listed in the order of precedence shown above, you should complete one or all of these forms, as you deem appropriate. Please note that all of the forms require two witnesses to your signature. Anyone can sign as a witness as long as he/she is not a named beneficiary. Forms must be free of any erasures or changes. Beneficiary forms can be found on the Office of Personnel Management's Designation of Beneficiary page www.opm.gov/insure/life/beneficiary/designate.asp or within Onboarding Manager

- Retirement (SF-2808/3102) **- This form is used if you wish to designate a specific beneficiary for lump sum benefits in the event you leave no spouse or children eligible for survivor benefits.**
- TSP (TSP-3) **– This form is for your TSP account. This form should NOT be submitted to the TSP Service office until AFTER you receive account information.**
- FEGLI (SF-2823) **- This form is for any life insurance benefit payable**
- Unpaid Compensation (SF-1152) **- This form is for any unpaid compensation (for example, final paycheck, any accrued annual leave, etc.) payable by the Department of Health & Human Services.**

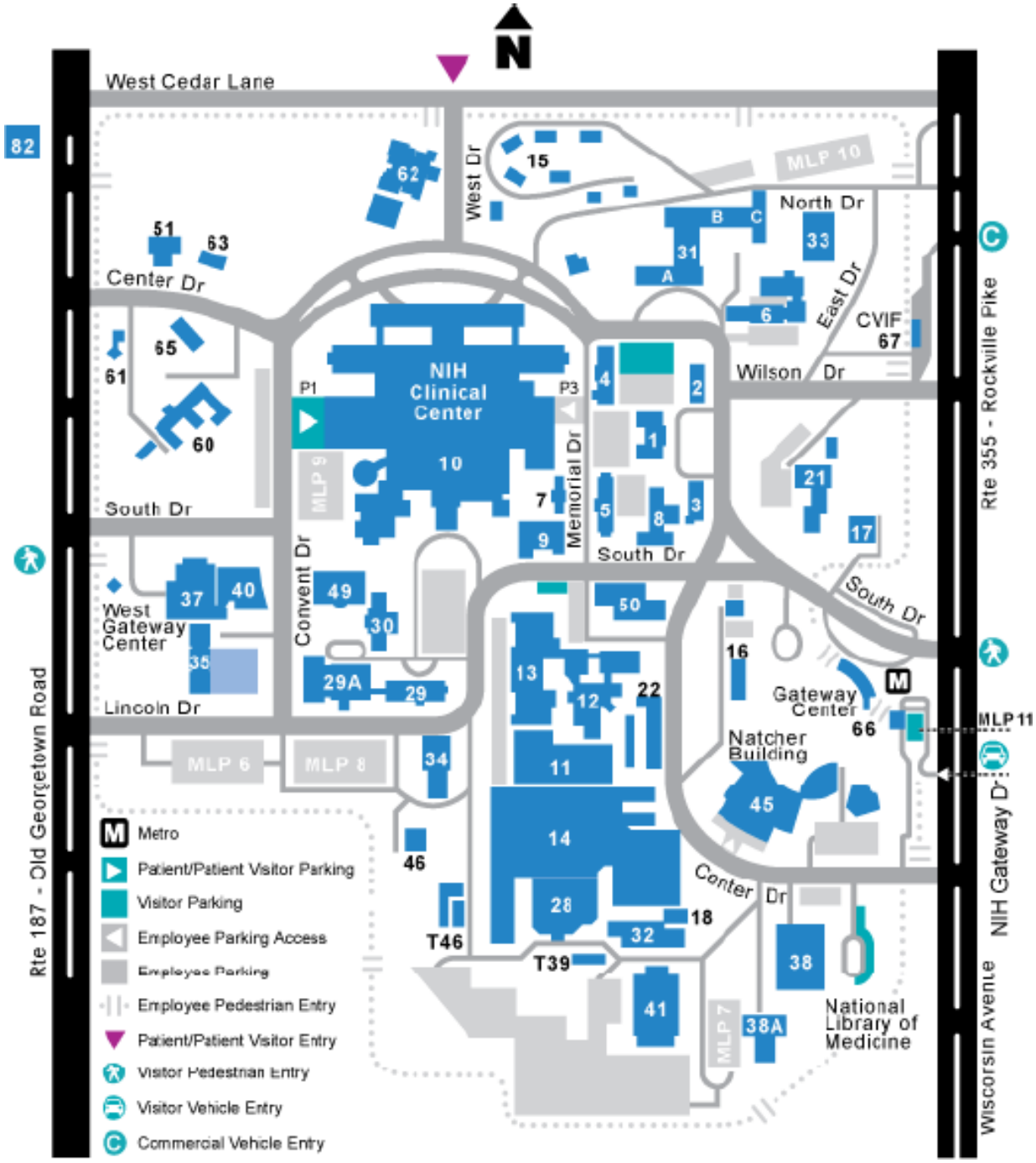
Completed beneficiary forms are filed in your eOPF except the TSP beneficiary form which is maintained by TSP. You may access your eOPF to review the forms.

Office of Human Resources Contacts

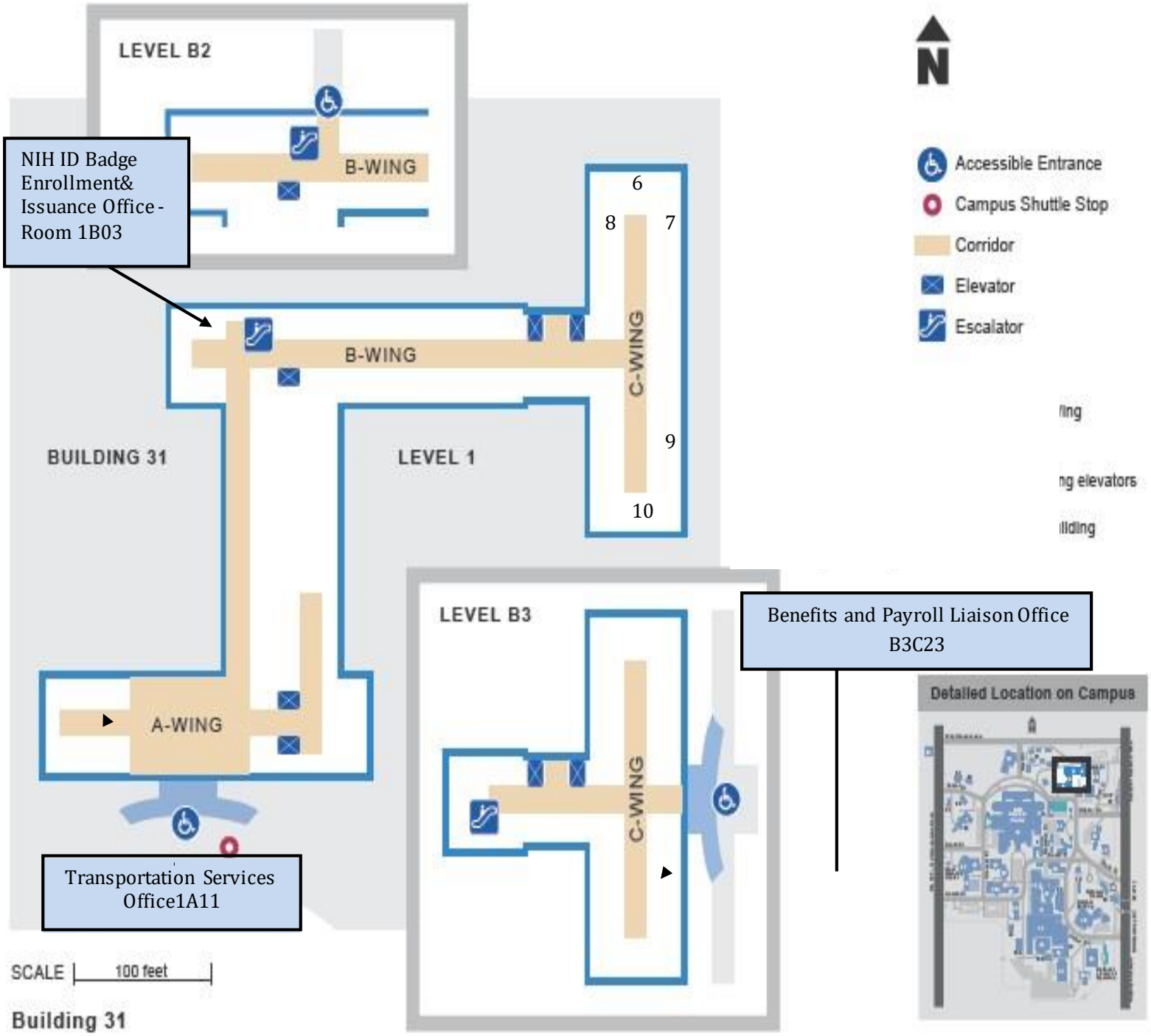
Client Services Division
2115 East Jefferson St., Room, 2D-234
Rockville MD, 20874
Phone: 301-496-6924
Fax: 301-480-1729

Workforce Relations Division
Benefits and Payroll Liaison Branch
31 Center Dr., Room, B3-C23
Bethesda, MD 20892
Phone: 301-496-2404
Fax: 301-402-5506

Appendix A. NIH Campus



Appendix B. Building 31 Corridor Layout



Appendix C. Leave Types

Leave Type	General Information
Annual Leave (AL)	An employee may use annual leave for vacations, rest and relaxation, and personal business or emergencies. An employee has a right to take annual leave, subject to the right of the supervisor to schedule the time at which annual leave may be taken.
Absence Without Leave (AWOL)	Absence without leave will be applied if you do not receive advanced approval for absence. This is not directly disciplinary but can lead to disciplinary actions. Please make sure you receive approval for all leave used.
Bone Marrow or Organ Donor	An employee may use up to 7 days of paid leave each calendar year to serve as a bone-marrow donor. An employee may also use up to 30 days of paid leave each calendar year to serve as an organ donor. Leave for bone marrow and organ donation is a separate category of leave that is in addition to annual and sick leave.
Court Leave	Employees are provided with paid time off without charge to leave for service as a witness or juror. Employees must reimburse to their agency any fees paid for service as a juror or witness. However, monies paid to jurors or witnesses which are in the nature of "expenses" (e.g. transportation) do not have to be reimbursed to the agency.
Funeral Leave	A maximum of 3 days of paid Funeral leave may be granted to an employee whose immediate relative dies as a result of wounds, disease, or injury incurred as a member of the Armed Forces in the combat zone. Employees may request sick leave to attend the funeral of a family member under the restrictions of the FFLA, and annual leave or LWOP to attend other funerals.
Family Medical Leave Act (FMLA)	Under the Family and Medical Leave Act of 1993 (FMLA), most Federal employees are entitled to a total of up to 12 workweeks of unpaid leave during any 12-month period for the following purposes: • the birth of a son or daughter of the employee and the care of such son or daughter; • the placement of a son or daughter with the employee for adoption or foster care; • the care of spouse, son, daughter, or parent of the employee who has a serious health condition; or • a serious health condition of the employee that makes the employee unable to perform the essential functions of his or her positions. Under certain conditions, an employee may use the 12 weeks of FMLA leave intermittently. An employee may elect to substitute annual leave and/or sick leave, consistent with current laws and OPM's regulations for using annual and sick leave, for any unpaid leave under the FMLA. The amount of sick leave that may be used to care for a family member is limited. FMLA leave is in addition to other paid time off available to an employee. www.opm.gov/oca/leave/HTML/fmlafac2.asp
Injury or Illness	Work- related medical emergencies should be reported to the Occupational Medical Service office at (301) 496-4411 or to 911, depending on the severity and nature of the situation. Paid time off without charge may be approved for any employees who are impacted, however the situation and each employee's involvement must reported within 24 hours. Serious injuries or illnesses must be reported immediately to your supervisor.
Leave Without Pay (LWOP)	Leave Without Pay may be requested when you do not have available sick and/or annual leave.
Medical Research and Blood Donations	Excused absence(s) may be granted to an employee who is participating in NIH Medical Research and is not earning money or benefits by participating.
Military Leave	Employees are entitled to time off at full pay for certain types of active or inactive duty in the National Guard or as a Reserve of the Armed forces.
Preventive Health Screenings	Employees may be entitled to 4 hours of paid time off without charge if they have fewer than 80 hours of accrued sick leave for participation in preventative health screenings.
Sick Leave (SL)	An employee may use sick leave for personal medical needs, care of a family member, care of a family member with a serious health condition, adoption-related purposes, bereavement. An employee has a right to take sick leave, subject to the right of the supervisor to approve the request.

NOTE: Office requirements vary, you will need to discuss your individual situation with your supervisor to find out more about what actions you need to take and what flexibilities may be extended to you.

SAMPLE FORM

Department of Defense

CIVILIAN LEAVE AND EARNINGS STATEMENT

VISIT THE DFAS WEBSITE AT: WWW.DFAS.MIL

1. PAY PERIOD END: 08/14/03
2. PAY DATE: 12/05/03

3. NAME	4. PAY PLAN/GRADE/STEP	5. HOURLY/DAILY RATE	6. BASIC OT RATE	7. BASIC PAY + LOCALITY ADJ = ADJUSTED BASIC PAY
DOE JANE Q	GS12 / 02	22.16	25.25	43876.00 + 23788 = 46254.00

8. SOCIAL SEC NO	9. LOCALITY %	10. FLSA CATEGORY	11. SCD LEAVE	12. MAX LEAVE CARRY OVER	13. LEAVE YEAR END
417-64-5556	5.42	E	12/02/88	240	01/01/00

14. FINANCIAL INSTITUTION - NET PAY	15. FINANCIAL INSTITUTION - ALLOTMENT #1	16. FINANCIAL INSTITUTION - ALLOTMENT #2
AMSOUTH BANK OF FLORIDA	PEN AIR FEDERAL CREDIT UNION	WARRINGTON BANK

17. TAX	MARITAL STATUS	EXEMPTIONS	ADD'L
FED	S	1	
AL	S	P1/D10	
GA	S	1	10

18. TAX	MARITAL STATUS	EXEMPTIONS	ADD'L	TAXING AUTHORITY
100003	S	11		MOBILE NR
100006	S	1		LILLIAN

19. CUMULATIVE RETIREMENT

20. MILITARY DEPOSIT

21.	CURRENT	YEAR TO DATE
GROSS PAY	1810.68	27751.80
TAXABLE WAGES	1668.86	26358.40
NONTAXABLE WAGES		
TAX DEFERRED WAGES	235.39	1393.40
DEDUCTIONS	934..53	12267.97
AEIC		
NET PAY	876.15	15493.83

22.

TSP DATA	13%

CURRENT EARNINGS

TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT
REGULAR	80.00	1772.80						

RETROACTIVE EARNINGS

TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT
OVERTIME 1.50		37.88						

DEDUCTIONS

TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	YEAR TO DATE
ALLOTMENTS.SV (1)		175.00	2675.00	FEGLI	C	8.09	123.48
MEDICARE		26.25	402.40	RETIRE, FERS	K	14.18	216.78
				CHARITY	AA	3.00	48.00
FEHB	104	23.22	369.04	OASDI		112.26	1720.61
TAX, FEDERAL		288.42	4518.52	TAX, LOCAL	100003	16.18	263.58
TAX, LOCAL	100006		10.00	TAX, STATE	AL	21.58	351.44
TAX, STATE	GA	10.79	175.72	TSP SAVINGS		235.39	1487.61

LEAVE

TYPE	PRIOR YR BALANCE	ACCRUED PAY PD	ACCRUED YTD	USED PAY PD	USED YTD	DONATED/ RETURNED	CURRENT BALANCE	USE-LOSE/ TERMDATE
ANNUAL	177.00	6.00	90.00	1.00	59.50		207.50	37.50
SICK	47.25	4.00	60.00	4.00	32.00		75.25	
HOLIDAY					32.00			
ADMIN					12.00			

BENEFITS PAID BY GOVERNMENT FOR YOU

TYPE	CURRENT	YEAR TO DATE	TYPE	CURRENT	YEAR TO DATE
MEDICARE	26.25	402.40	RETIRE, FERS	14.18	216.78
OASDI	105.55	955.22	FEHB	123.44	369.04

REMARKS

SEND YOUR EMPLOYMENT/LOAN VERIFICATIONS TO YOUR HUMAN RESOURCE OFFICE.
TSP DEDUCTION PERCENT OR AMOUNT CHANGED

Pay F5-440 Leave and Earnings Statement

My Notes

U.S. Department of Health and Human Services
National Institutes of Health
www.nih.gov