

National Institutes of Health (NIH)

Leave Bank Fax Cover Sheet

FAX: (301) 480-2579 or EMAIL: LeaveBank@od.nih.gov

[If emailing form, please encrypt, password protect, or send via secure email & transfer service]

Applicant Name: _____

Please provide all of the contact information below. Check box for your preferred method(s)*.

☐ Work Telephone Number: _____

☐ Home Telephone Number: _____

☐ Work Email Address:

☐ Personal Email Address:

Alternate Contact Name: _____ Relationship: _____

Telephone Number: _____ Email: _____

Forms Submitted

☐ Confidential Medical Documentation Form

☐ NIH 2940; Leave Recipient Application for the NIH Leave Bank

☐ NIH 2923; Authorization for Disclosure of Information

☐ Other: _____

Date Submitted: _____ **Number of Pages:** _____

Comments:

A145788 S146026 W147214

*Official communications, including the final decision on your recipient application, will be delivered via email to both your work and personal email addresses. If you cannot access email, please inform the Leave Bank Office so an alternative can be established.

NIH 2941 (05/20)