

## **Appendix 8: Intramural Research Training Award (IRTA) Traineeship Agreement**

In accepting this Intramural Research Training Award (IRTA) Traineeship, I understand that I am not a Government employee. I certify that I have read the "Statement of IRTA Program Provisions" and agree to comply with the terms outlined.

### **A. PROGRAM ELIGIBILITY**

1. I meet the educational/experience requirements for participation in the applicable IRTA Program Traineeship program and will provide verification as required.
2. I am a U.S. citizen or resident alien. I will provide acceptable proof of my citizenship or resident alien status at the time I report to activate my Traineeship.
3. [If applicable, ICs should enter the following: I understand that I may have to complete a medical evaluation as directed by the Occupational Medical Services procedures.]

### **B. DURATION**

I understand that my initial Traineeship commitment is for the period beginning (date) and ending (date) and that renewal beyond the initial commitment is contingent upon demonstrated progress in the training assignment and the approval of appropriate (IC) officials. I agree to notify my training preceptor as soon as possible and negotiate mutually acceptable terms for termination should I wish to leave the Program before the scheduled end date of my Traineeship.

I understand that Trainees may be terminated for scientific or other forms of misconduct, failure to comply with the terms of the Traineeship or to carry out or satisfy the purpose for which it was made. When termination is proposed for such reasons, I understand I will be given an opportunity to address the reasons before a decision is rendered. In the case of interpersonal incompatibility or any unforeseen programmatic circumstances, and absent any conduct issues, the IC will arrange a transfer to another laboratory.

I further understand that upon conclusion of my Traineeship, I am not entitled to future training or employment at the NIH.

### **C. STIPENDS**

(1) As a (IC should complete entry, e.g., Pre-doctoral) trainee I understand that my monthly stipend will be paid in arrears, and that the payment for a given month will reflect the amount owed from the preceding month. I will immediately notify my training preceptor and other appropriate IC officials of any change in my status that might affect my stipend payment, including any supplemental funding or decision to terminate my Traineeship earlier than anticipated. I understand that, if my Traineeship is terminated earlier than anticipated, that I am no longer entitled to stipends and that any stipend checks received or deposited to my account inappropriately are inadvertent and do not belong to me, but are the property of the United States. I agree to reimburse the U.S. Government for any overpayment that may occur. I understand that knowingly cashing, depositing, or converting any such check for my use could result in criminal penalties. In addition, any un-recovered overpayment will be treated as a debt owed to the U.S. Government.

## **D. BENEFITS**

1. I will have adequate health insurance coverage either through the approved plan with the Foundation for Advanced Education in the Sciences (FAES), or through another private plan, and will provide proof of such coverage. For the FAES option, I understand that I must enroll before the start date of my award or the day I arrive at the NIH. Health insurance enrollment will be effective the start date of my award. On the start, I must meet with FAES to complete, sign, and submit all required health insurance forms. I understand that payments or reimbursement from NIH will be limited to an amount equivalent to the cost of FAES\* fee-for-service health insurance, individual or family coverage as appropriate, and will be provided if the policy is issued in my name. Alternatively, NIH will reimburse me for any additional health insurance cost, if incurred, as a result of being covered under a spouse's plan with my name listed as a "family member", not to exceed an amount equivalent to the cost of the FAES fee-for-service health insurance.

I understand that should I separate from NIH; terminate my FAES health insurance coverage; subsequently return to NIH; and want to enroll again in an FAES plan; I must personally pay the premiums for each of the months since termination of coverage if there was less than a 60 days break in the training period. If more than a 60 days break in the training period occurs, I may drop coverage and re-enroll again upon return to NIH as if a new subscriber. If I separate from NIH, health insurance will continue for 30 days after my award end date. I understand a change to health insurance coverage (e.g. individual to family) is not permitted during this final 30 days of coverage.

I also understand if I have a qualifying life event, I must notify the IC Administrative Officer and FAES of qualifying event to change my health insurance coverage; e.g. marriage, birth, loss of other health insurance coverage. Births are covered by FAES health insurance coverage on day one.

2. I understand that I may be reimbursed for travel costs for me, my dependents, movement of household goods, and temporary storage of household goods, NTE \$3,000 at IC discretion and that there is no allowance for return travel. To obtain reimbursement for travel to NIH to begin my Traineeship, I will provide the ticket coupon for travel by commercial carrier (e.g., bus, train, air) or odometer readings for travel by private automobile, and lodging receipts, if any. I understand that all reimbursement will be in accordance with applicable Government regulations. Further, I will hand-carry a personal check covering any travel advance overpayment to the Cashier's Office, attached to a copy of the travel voucher. Any un-recovered overpayment will be treated as a debt owed the U.S. Government.
3. I will seek advance approval for travel to scientific meetings and understand that the authorization of any travel allowances is discretionary. In addition, I will also seek advance approval for travel reimbursements funded by an outside entity and understand that the funding source should be nonfederal.
4. I will seek advance approval for payment/reimbursement for training/tuition directly related to the purpose of my Traineeship. I understand that the authorization of allowances for additional training must be in accordance with governing Government regulations and is at the discretion of the IC.

## **E. DEDUCTIONS**

1. I understand that I am not eligible for coverage under the Federal Employees Retirement System, and that deductions for this program, as well as Social Security and Medicare, will not be withheld from my stipend.
2. I understand that my Traineeship is subject to Federal, State, and Local income taxes: however, NIH does not withhold taxes from my stipend. As required, I will file quarterly estimated returns with the appropriate agencies.

**F. LEAVE OF ABSENCE AND OUTSIDE WORK**

I will seek advance approval from my training preceptor for any leave of absence, and will seek advance approval from my preceptor and other appropriate officials to engage in outside employment.

**G. PUBLICATIONS AND INVENTIONS**

1. I will seek advice from my preceptor and request clearance for any publication resulting from my Traineeship in compliance with NIH's publication policies.
2. I will be bound by all provisions of Executive Order 10096, and any orders, rules, regulations or policies issued there-under where NIH determines the rights of the Government and the trainee to inventions conceived or actually reduced to practice during the period of the Traineeship, as well as by HHS Technology Transfer Procedure Manual, Chapter 203.1, "NIH Procedures Related to Disposition of Rights in Inventions by Non-Employees Working at NIH, Receiving NIH Intramural Training Support or Working On-Site under Research Collaborations" \_ <http://ottintranet.od.nih.gov/Policy/203-1-Procedure.pdf> (NIH-Access only). Furthermore, I will promptly disclose to my preceptor and other appropriate officials all inventions that are conceived or first reduced to practice during the term of my Traineeship, and will sign and execute all papers necessary to convey to the Government the rights to which the Government is entitled in accordance with any determination made under the provisions of Executive Order 10096.

**H. OTHER ADMINISTRATIVE REQUIREMENTS**

While on the premises of NIH, I will conform to all applicable administrative instructions, policies and requirements of NIH and the Department of Health and Human Services, including all regulations and procedures concerning conduct, safety, and animal care.

\_\_\_\_\_  
Signature of Trainee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian  
(if a minor under 18 years of age)

\_\_\_\_\_  
Date