



TECHNOLOGY INNOVATION PROGRAM (TIP)

ASSOCIATES PROGRAM

SUPERVISORY APPROVAL SHEET

PLEASE TYPE OR PRINT CLEARLY AND SUBMIT TO TIP

Applicant Name: _____

Title: _____

Agency: _____

Office Mailing Address: _____

Office Telephone #: _____ Fax #: _____

Office E-mail Address: _____

APPROVING SUPERVISOR, PLEASE COMPLETE THE FOLLOWING:

I hereby approve _____ for a full-time, thirteen-month detail for an *Associate* assignment within TIP. If chosen by TIP, I agree that TIP will support the applicant's salary, fringe benefits, and travel expenses related to their TIP work during the assignment, and that my organization will provide any other support needed for the applicant to fulfill any duties for my organization.

Name of Approving Official (**Please Type or Print**)

Title Approving Official (**Please Type or Print**)

Signature of Approving Official

Phone #: _____ FAX#: _____

E-mail address: _____

**SUBMIT A FAX OR PAPER COPY OF THIS AND ANY REQUIRED ATTACHMENTS
TO:**

Thomas Wiggins, Director
Selection Management Office
Technology Innovation Program
100 Bureau Drive, MS 4750
Gaithersburg, MD 20899-4750
Tel: (301) 975-5416 / Fax: (301) 926-9524
Email: thomas.wiggins@nist.gov

or

Dr. Michael Schen, Senior Scientific Advisor to the Director
Technology Innovation Program
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