

U.S. HOUSE OF REPRESENTATIVES
Washington, DC 20515

House Paid Internship Program

Payroll Authorization Form (PAF)

To the Chief Administrative Officer of the House of Representatives: I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Employee or Social Security Number	Type of Action
Employing Office	Appointment Salary Adjustment Termination (At close of business on effective date) Leave without pay (Beginning with effective date above and ending close of business () (Specify date)

(If type of action is an Appointment or Salary Adjustment, complete appropriate information below.)

Position Title*	Gross Annual Salary**
PAID INTERN - HOUSE PROGRAM	

House Paid Internship Program - Reminders

- The House Paid Internship Program is available only to Member offices
- Compensation for House Paid Internship Program Interns will be charged to House Paid Internship Program Fund, **not** the Members' Representational Allowance (MRA)
- House Paid Internship Program Interns do not count against a Members' Office authorized position count of 18 permanent and 4 additional (non-permanent) staff
- House Paid Internship Program Interns are **not** eligible for benefits
- Position time limits apply: 120 days per employing authority in any 12 month period
- Annual salary limits apply: Set by the Committee on House Administration and can be referenced in the [Member's Congressional Handbook](#), or by contacting the CAO Office of Payroll and Benefits at 202-225-1435

Date

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(Signature of Authorizing Official)

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State and District

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(Type or print Member Name)

Appropriation Code: 	Payroll.....
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