



THE MAUREEN AND MIKE MANSFIELD FOUNDATION

**Mike Mansfield Fellowship Program
Agency Authorization Form**

Name of Agency Authorizing Official _____

Title/Position _____

Office/Division/Section/Agency _____

Mailing Address _____

Phone number _____

Email address _____

Applicant's Name _____ Title _____

Detailee (Agency Funded) Authorization

Please check the appropriate boxes below.

I authorize the above-named applicant to apply for the Mike Mansfield Fellowship Program. If selected, he/she will be authorized to:

Required:

- Participate in a one-year Fellowship in Japan and be released from their duties from July 1, 2025 to June 30, 2026.

Select ONE:

- Participate in one year of FULL-TIME pre-departure training in language and area studies from July 1, 2024 to June 30, 2025.
- Participate in one year of PART-TIME pre-departure training in language and area studies outside of work hours from July 1, 2024 to June 30, 2025.

Salary and benefits during the Fellowship will be provided to the Fellow by the agency, and reemployment rights and other benefits outlined in the authorizing legislation will apply.

Signature of Authorizing Official* _____ Date _____

**Person who has the authority to commit the agency to the program*