



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
National Institutes of Health

IPA ASSIGNMENT AGREEMENT

TITLE IV of the Intergovernmental Personnel Act of 1970 (5 USC 3371-3376)

Participating Employee:

INSTRUCTIONS

This agreement constitutes the written record of the obligations and responsibilities of the parties to a temporary assignment arranged under the provisions of the Intergovernmental Personnel Act of 1970. Please see Manual Chapter 2300-334-1 Assignments under the Intergovernmental Personnel Act (IPA).

Copies of the completed and signed agreement should be retained by each signatory.

Procedural questions on completing the assignment form or other aspects relating to the mobility program should be addressed to the Compensation and Policy Division, Office of Human Resources.

PRIVACY ACT STATEMENT

Sections 3373 and 3374, Assignment of Employees to or from State or local Governments of Title 5, US Code, authorizes collection of this information. The data will be used primarily to formally document and record your temporary assignment to or from a State or local government, institution of higher education, Indian tribal government, or other eligible organization. This information may also be used as the legal basis for personnel and financial transactions, to identify you when requesting information about you, e.g., from prior employers, educational institutions, or law enforcement agencies, or by State, local, or Federal income taxing agencies. Furnishing any data requested is voluntary. However, failure to provide any of the requested information may result in your being ineligible for participation in the Intergovernmental Assignment program.

PART 1. NATURE OF THE ASSIGNMENT AGREEMENT

1a. Origin of the Assignment Agreement

- ☐ New agreement
- ☐ Modification of existing agreement*
- ☐ Extension of existing agreement (use extension form only)
- ☐ Modification and extension of existing agreement*

* See Part(s) _____ for items modified and provide explanation:

1b. Origin of the Assignment Agreement

- ☐ On detail from a Federal agency
- ☐ On leave without pay from Federal agency
- ☐ On detail to a Federal agency
- ☐ On appointment in a Federal agency

1c. Period of assignment (Month, Day, Year)

From _____ To _____

1d. Has the assignee served on a previous IPA assignment?

- ☐ Yes (complete 1e)
- ☐ No (skip 1e)

1e. Dates of previous IPA assignment(s)?

From _____ To _____

From _____ To _____

From _____ To _____

From _____ To _____

PART 2. INFORMATION ON PARTICIPATING EMPLOYEE

2a. Name (Last, First, Middle)

2b. NBS Purchase Order Number (to be provided by OFM)

2c. Street Address

City

State

ZIP

PART 3. PARTIES TO THE AGREEMENT

3a. Federal Agency (List office or organizational unit which is party to the agreement.)

3b. Eligible Non-Federal Co-Sponsor (must be a certified IPA organization)

3c. Is assignment being made through a faculty fellow program? ☐ YES ☐ NO

If Yes, give name of program _____

* Note: Student participants in faculty fellow programs are ineligible for assignment under the provisions of this agreement.

PART 4. POSITION DATA ON PARTICIPATING EMPLOYEE**CURRENT POSITION - Original Date Employed (must be at least 90 days):**

4a. Employee Office Name	Building	Telephone (<i>with Area Code</i>)	
Street Address	City	State	ZIP

4b. Employee's Position and Title

4c. Immediate Supervisor Name

4d. Immediate Supervisor Title

TYPE OF CURRENT POSITION

4e. Current Appointment

☐ Title 5 Career or Career Conditional ☐ Non-Federal employee

Grade: _____

Annual Salary: _____

POSITION TO WHICH ASSIGNMENT WILL BE MADE

4f. Employment Office Name	Building	Telephone (<i>with Area Code</i>)	
Street Address	City	State	ZIP

4g. Assignee's Position and Title

4h. Immediate Supervisor Name

4i. Immediate Supervisor Title

PART 5. REASON FOR MOBILITY ASSIGNMENT

5a. Indicate the reasons for this mobility assignment and discuss how the work will benefit the participating Federal and Non-Federal organizations. In addition, indicate how the employee's newly acquired skills will be used at the completion of this assignment.

PART 6. POSITION DESCRIPTION

6a. Unclassified duties described below are at approximately the same level as difficulty of duties of permanent assignment.

6b. A classified description of duties is attached for:

- ☐ LWOP/appointment assignment
- ☐ Detail assignment significantly different in difficulty from duties of permanent assignment

PART 7. EMPLOYEE BENEFITS

7a. Annual leave benefits for which assigned employee is eligible (provided by home organization)

7b. Sick leave benefits for which assigned employee is eligible (provided by home organization)

7c. Official authorized to approve annual or sick leave

7d. Periodic time and attendance reports to be provided by telephone, with written confirmation to follow:

- ☐ Every: _____
- ☐ Not Applicable

7e. Co-sponsor officials designated to communicate time and attendance information.

Designated Time and Attendance Reporter

Name: _____

Title: _____

Telephone: _____

Address: _____

Designated Time and Attendance Receiver (Permanent Employer)

Name: _____

Title: _____

Telephone: _____

Address: _____

PART 8. OPTIONS (Fill out only one - Federal Benefits Options Or Non-Federal Benefits Options)**FEDERAL EMPLOYEE BENEFITS OPTIONS**

A. Federal Employees Group Life Insurance (FEGLI)	Required	Elected	Declined	N/A	Annual Cost
Basic Coverage					
Option A					no gov't costs
Option B <input type="checkbox"/> x1 <input type="checkbox"/> x2 <input type="checkbox"/> x3 <input type="checkbox"/> x4 <input type="checkbox"/> x5					no gov't costs
Option C					no gov't costs
B1. Federal Employees Retirement (FERS)					
B2. Federal Withholding for Medicare only (Federal employees)					
B3. Payroll Withholding for all Social Security Programs					
C. Federal Employee Health Benefits					
TOTAL Federal Government Employer Costs (to be carried to Block 10c, line 2, first column)					

or

NON-FEDERAL EMPLOYEE BENEFIT OPTIONS (exclude any administrative or tuition costs)

Benefit	Pay Period Cost (to employer)	Annualized Costs (to employer)
TOTAL (to be carried to Block 10c, line 2, first column)		

PART 9. TRAVEL AND TRANSPORTATION EXPENSES AND ALLOWANCES

9a. Travel and transportation expenses to be shared by federal/non-federal organizations (including movement of household goods) to and from the assignment, or per diem allowances in lieu of movement of household goods: how expenses will be billed and paid or reimbursed (include the Transportation/Per Diem vs. Limited Relocation Allowances Cost Comparison Worksheet).

TOTAL Allowable Costs (to be carried to Block 10c, line 5, first column): _____

9b. Other travel, transportation, meeting or conference attendance costs, etc., for which assignee will be supported or reimbursed that are guaranteed to assignee but NOT cost-shared by co-sponsors. Travel will be provided by the Government using the Federal Travel systems and regulations.

PART 10. FISCAL OBLIGATIONS

Determine the relative benefit to each organization based on the Assignment Purposes listed below. Place a number in the boxes under Federal and/or Non-Federal organization(s) as follows: -0- Not Applicable; -1- Lesser Purpose(s); -2- Principal Purpose(s). There should be a mutual benefit to the Federal and Non-Federal organizations.

10a. Principal purposes of the Assignment	Federal	Non-Federal
Developmental Opportunity for Assignee (Benefits sending organization)		
Supports Agency Mission (Benefits sending organization)		
Supports Government-wide Initiatives (Benefits receiving organization)		
Strengthens Intergovernmental Relations (Benefits both organizations)		
Meets Temporary Need/Skilled Personnel (Benefits receiving organization)		
Share Scarce Expertise (Benefits receiving organization)		
Assists in Transfer of New Ideas/Technology (Benefits receiving organization)		
Other (Specify):		
TOTALS MUTUAL BENEFITS	A	B

10b. Compute Mutual Benefit Ratio

On the basis of 100%, determine what percentage of the benefits from the assignment will be received by each organization (e.g. Federal 40%, Non-Federal 60%).

1. (A) + (B) = (C) _____

2. (A) / (C) = _____ % Benefit to Federal

3. (B) / (C) = _____ % Benefit to Non-Federal

10c. Cost Sharing of Salary and Allowable Expenses (at rates of first day of assignment/extension).

*Cost Type (calculate down each column)	Total Costs	Federal Share	Non-Federal Share	Ratio
*Annual Salary (or monthly salary annualized)				/
Annual Employer Cost for Employee Benefits (from Part 8)				/
Total Annualized Salary and Benefits Costs				/
Salary and Benefits Costs over Assigned Period				/
**Length of Assignment Multiplier x _____				
***Federally Authorized Relocation Expenses (from Part 9)				/
Total Calculation of Assignment Costs (sum of the above - Salary, Benefits, Travel, and multiplier)				/

* Salary and benefits costs are those as of the first day of proposed assignment or extension.

** Examples: 2 years = x 2; 1 year = x 1; 10 months = x 0.83; 8 months = x 0.67.

*** Return trip costs at end of assignment are arbitrarily those of initial relocation unless a different method of return is planned (exclude expected job-related travel expenses during assignment period which assignee will bill to gaining co-sponsor in the same manner as other employees of the gaining co-sponsor).

10d. Determination of Need for Variance Approval	Federal/Non-Federal Percentage Ratio
Mutual Benefit Ratio (Block 10b).	/
Cost Sharing Commitments (Annual Salary Ratio from Block 10c)	/

10e. Mutual Benefit Ratio/Cost-Sharing Ratio Variance Approval

- ☐ Federal costs are the same or less than the estimated Federal benefit
- ☐ Federal costs exceed the estimated Federal benefit (if checked, variance justification is required below)

10f. Ratio Variance Justification (if applicable).

10g. Officials responsible for carrying out financial terms of agreement

Federal Tax ID#: _____	Non-Federal Tax ID#: _____
Name: _____	Name: _____
Title: _____	Title: _____
Telephone: _____	Telephone: _____
Address: _____	Address: _____

10h. Frequency and method by which co-sponsors will bill and pay costs to be shared.

PART 11. CONFLICTS OF INTEREST AND EMPLOYEE CONDUCT

- 11a. ☐ Applicable Federal conflict of interest laws have been reviewed with the employee to assure that conflict of interest situations do not inadvertently arise during this assignment.
- 11b. ☐ The employee has been notified of laws, rules, regulations, and policies on employee conduct which apply to him/her while on this agreement.

Participant counseled by IC Deputy Ethics Counselor

Signature

Print Name

Date

PART 12. APPLICABILITY OF RULES, REGULATIONS AND POLICIES

Initial and date (all IPA assignees must initial A, B, and C; Federal Employees must also initial D, E, and F)

- | | |
|-----------------------|---|
| _____
Initial/Date | A. The rules and policies governing the internal operation and management of the agency to which my assignment is made under this agreement will be observed by me. |
| _____
Initial/Date | B. I have been informed that my assignment may be terminated at any time at the option of the Federal agency or the non-Federal organization. |
| _____
Initial/Date | C. I have been informed that if my appointment is terminated with my permanent employer, the IPA assignment will be terminated as well. |
| _____
Initial/Date | D. I have been informed that any travel and transportation expenses covered from Federal agency appropriations may be recoverable as a debt due to the United States if I do not serve until the completion of my assignment (unless terminated early by either employer), or one year, whichever is shorter. |
| _____
Initial/Date | E. I agree to serve in the Civil Service upon the completion of my assignment for a period equal to that of my assignment. Should I fail to serve the required time, I have been informed that I will be liable to the United States for all expenses (except salary) of my assignment. |
| _____
Initial/Date | F. Federal employee on assignment to a non-Federal organization other than Indian tribal organization understands any organizational Reduction-in-Force during assignment will apply in the same manner as if the employee were not on assignment. |

PART 13. CERTIFICATION OF ASSIGNED EMPLOYEE

In signing this agreement, I certify that I understand the terms of this agreement and agree to the rules, regulations, and policies applicable.

Signature of the Assignee

Print Name

Date

PART 14. CERTIFICATION OF FEDERAL SUPERVISOR**14a. Federal Supervisor's Commitment**

In signing this agreement, I certify that I understand and will comply with the requirements upon Federal supervisors both during the assignment period and during the post-assignment evaluation period which will follow.

Signature of the Federal Supervisor

Print Name and Title

Date

PART 15. CERTIFICATION OF APPROVING OFFICIALS

In signing this agreement we certify that the description of duties is current and fully and accurately describes those of the assigned employee, that this assignment is being entered into (or extended) for a sound, mutually beneficial, public purpose and not solely for the employee's benefit, and that at the completion of the assignment, the participating employee will be returned to the position occupied at the time this agreement was entered into or a position of like seniority, and pay unless the employee must be subject to reduction-in-force procedures.

14b. Certification of Approving Non-Federal Official

Signature

Print Name and Title

Date

14c. Certification of Approving Federal Official (*IC Director or Designee*)

Signature

Print Name and Title

Date

14d. Signature of Additional Approving Official

☐ Required ☐ Not Required

Signature

Print Name and Title

Date

ASSIGNMENT AGREEMENT**Title IV of the Intergovernmental Personnel Act of 1970
(5 USC 3371 – 3376)**

Certification of the Office of Human Resources, NIH:

In signing this agreement, I certify that I have reviewed this agreement and find that it meets all legal and regulatory policies and procedures governing the IPA mobility program. I further certify that this agreement is being entered into for a sound, mutually beneficial, public purpose and not solely for the employee's benefit.

Signature

Date