



# OHSU/VA Intergovernmental Personnel Agreement (IPA) Coversheet



This coversheet is required for IPAs where VAPORHCS Principal Investigators are purchasing the services of OHSU personnel necessary to complete work on VA research projects, as well as in reverse IPA situations where OHSU is purchasing the services of VAPORHCS Clinical Service personnel

The IPA agreement and consequently this cover sheet should not be used in situations where OHSU is procuring the services of VAPORHCS Research Service Personnel. Instead, a different agreement mechanism called the [Research Investigator Sharing agreement](#) should be used. Additionally, situations where VAPORHCS is procuring non-sponsored clinical services of OHSU Personnel should be directed to [Managed Care Contracting](#) for identification of an appropriate agreement mechanism.

For any other questions contact: **Charles Resare**, [resare@ohsu.edu](mailto:resare@ohsu.edu), 503-494-2536, or **Archie Bower**, [herman.bouwer@va.gov](mailto:herman.bouwer@va.gov), 503-273-5125

Information on Participating Employee			
Employee Name:		Employee ID#:	
Title/Role:		Home Institution:	
Annual Salary at 1.0 FTE:			
Is individual a US Citizen? (YES/NO)		If Not US Citizen Identify VISA Type:	
Status of Employment? (Permanent/Other)		If Status of Employment is Other Please identify:	
Type of Assignment			
___ OHSU employee on assignment to VAPORHCS		___ VAPORHCS Clinical Service employee on assignment to OHSU	
Assignment Information			
Proposed FTE:	Proposed IPA Start Date:	Proposed IPA End Date:	
VAPORHCS Department Name:		OHSU Department Name:	
VAPORHCS Department ORG Name:		OHSU Department ORG Name:	
Proposed Budget	Total Budget	Budget Per Pay Period	
Salary Cost			Hourly Rate:
(OPE) @ ___%			
<b>Total IPA Cost</b>			
IPA Funding Information:			
Project Principal Investigator:		Funding Source (VA#, OHSU OGA #, or FOMOPPL if Non Sponsored):	
Budget Period Start Date:		Budget Period End Date:	
Required Signatures:			
VAPORHCS Service Chief Signature		OHSU Department Administrator, or designee Signature	
Name:	Date:	Name:	Date:
Title: VA Service Chief		Title:	

**IPA Routing:** OHSU/VAPORHCS Supervisors (Sign IPA) → OHSU Employee (Sign IPA) → OHSU Dept. Admin. (Sign Coversheet) → OPAM Assoc. VP (Sign IPA) → VAPORHCS Service Chief (Sign Coversheet) → VAPORHCS R&D → VAPORHCS HRMS → VAPORHCS Director (Sign IPA) → VAPORHCS R&D → OHSU CFS

**Reverse IPA Routing:** VAPORHCS/OHSU Supervisors (Sign IPA) → OHSU Dept. Admin. (Sign Coversheet) → VAPORHCS Employee (Sign IPA) → OPAM Assoc. VP (Sign IPA) → VAPORHCS Service Chief (Sign Coversheet) → VAPORHCS HRMS → VAPORHCS Director (Sign IPA) → OHSU OPAM Subaward Team or Department

**Assignment Agreement**

Title IV of the Intergovernmental Personnel Act of 1970 (5 U.S.C. 3371-3376)

**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.

Within 30 days of the effective date of the assignment, two copies of this form must be sent to:

U.S. Office of Personnel Management  
Personnel Mobility Program  
Staffing Operations Division/CEG  
1900 E street, NW  
Washington, D.C. 20415

The term "State or local government," when appearing in this form, also refers to an institution of higher education, and Indian tribal government, and any other eligible organization.

Procedural questions on completing the assignment agreement form or on other aspects relating to the mobility program should be addresses to either mobility program coordinators in each Federal agency or to the staff of the Personnel Mobility Program is the U.S. Office of Personnel Management.

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

**PART 1 - NATURE OF THE ASSIGNMENT AGREEMENT**

1. Check Appropriate Box

☐

New Agreement

☐

Modification

☐

Extension

**PART 2 - INFORMATION ON PARTICIPATING EMPLOYEE**2. Name (*Last, First, Middle*)

3. Social Security Number

4. Home Address (*Street, City, State, Zip Code*)5.- **A.** Have you ever been on a mobility assignment?☐ YES☐ NO5.- **B. If "YES",** date of each assignment (*Month and Year*)

From

To

**PART 3 - PARTIES TO THE AGREEMENT**6. Federal Agency (*List office, bureau or organizational unit which is party to the agreement*)7. State or Local Government (*Identify the governmental agency*)8. Is assignment being made through a faculty fellows program?  
If "YES", give name of the program.☐ YES☐ NO**PART 4 - POSITION DATA****A - Position Currently Held**9. Employment Office Name and Address (*Street, City, State and ZIP Code*)

10. Employee's Position Title

11. Office Telephone Number  
(*Include the Area Code*)12. Immediate Supervisor (*Name and Title*)**B - Type of Current Appointment**13. Federal Employees (*Check appropriate box.*)☐

Career Competitive

☐Other (*Specify*):

Grade Level

14. State and Local Employees

State or Local Annual Salary

Original Date Employed by the  
State or Local Government (*Month,  
Day, Year*)**C - Position To Which Assignment Will Be Made**15. Employment Office Name and Address (*Street, City, State and ZIP Code*)

16. Assignee's Position Title

17. Office Telephone Number  
(*Include the Area Code*)18. Immediate supervisor (*Name and Title*)

#### PART 5 - TYPE OF ASSIGNMENT

19. Check Appropriate Boxes

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> On detail from a Federal agency    | <input type="checkbox"/> Full Time    |
| <input type="checkbox"/> On leave c from a Federal agency   | <input type="checkbox"/> Part Time    |
| <input type="checkbox"/> On detail to a Federal agency      | <input type="checkbox"/> Intermittent |
| <input type="checkbox"/> On appointment in a Federal agency |                                       |

20. Period of Assignment (Month, Day, Year)

From

To

#### PART 6 - REASON FOR MOBILITY ASSIGNMENT

21. Indicate the reasons for the mobility assignment and discuss how the work will benefit the participating governments. In addition, indicate how the employee will be utilized at the completion of this assignment.

#### PART 7 - POSITION DESCRIPTION

22. List the major duties and responsibilities to be performed while on the mobility assignment.

#### PART 8 - EMPLOYEE BENEFITS

23. Rate of Basic Pay During Assignment

24. Special Pay Conditions (*Indicate any conditions that could increase the assigned employee's compensation during the assignment period*)

25. Leave Provisions (*Indicate the annual and sick leave benefits for which employee is eligible. Specify the procedures for reporting, requesting and recording such leave.*)

## PART 9 - FISCAL OBLIGATIONS

Identify, where appropriate, the office to which invoices and time and attendance records should be sent.

26. Federal Agency Obligations *(If paying more than 50 percent of a Federal employee's salary beyond a 6-month period, specify rationale for cost-sharing decision.)*

27. State or Local Government agency Obligations

## PART 10 - CONFLICTS OF INTEREST AND EMPLOYEE CONDUCT

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

## PART 11 - OPTIONS

30. Indicate coverage "**N/A**", if not applicable.

A. Federal Employees Group Life Insurance

☐ Covered ☐ N/A

B. Federal Civil Service Retirement system or federal Employees Retirement System

☐ Covered ☐ N/A

C. Federal employee Health Benefits

☐ Covered ☐ N/A

31. State or Local Agency Benefits (Indicate all State employee benefits that will be related by the State or local agency employee being assigned to a Federal agency. Also include a statement certifying coverage in all State and local employee benefit programs that are elected by Federal employee on leave without pay from the Federal agency to a State or local agency.)

32. Other Benefits *(Indicate any other employee benefits to be made part of this agreement)*

## PART 12 - TRAVEL AND TRANSPORTATION

33. Indicate: (1) Whether the Federal agency or State or local agency will pay travel and transportation expenses to, from, and during the assignment as specified in Chapter 3344 of the Federal Personnel Manual, and (2) which travel and relocation expenses will be included.

**PART 13 - APPLICABILITY OF RULES, REGULATIONS AND POLICIES**

34. Check Appropriate Boxes.

- ☐ 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.
- ☐ B. I have been informed that my assignment may be terminated at any time at the option of the Federal agency or the State or local government.
- ☐ C. I have been informed that any travel and transportation expenses covered from Federal agency appropriations may be recoverable as a debt due the United States, if I do not serve until the completion of my assignment (unless terminated earlier by either employer) or one year, whichever is shorter.
- ☐ D. I have been informed of applicable provisions should my position with my permanent employer become subject to a reduction-in-force procedure.
- ☐ 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. (For Federal Employees only).

**PART 14 - 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 as indicated in Part 13 above.

35. Location of Assignment ( <i>Name of Organization</i> )	36. Date ( <i>Month, Day, Year</i> ) From _____ To _____
37. Signature of Assigned Employee	38. Date of Signature ( <i>Month, Day, Year</i> )

**PART 15 - CERTIFICATION OF APPROVING OFFICIALS**

In signing this agreement, we certify that;

- the description of duties and responsibilities is current and fully and accurately describes those of the assigned employee;
- this assignment is being entered in to to serve a sound, mutual public purpose and not solely for the employee's benefit;
- at the completion of the assignment, the participating employee will be returned to the position he or she occupied at the time this agreement was entered into or a position of like seniority, status pay.

State or Local Government Agency	Federal Agency
39. Signature of Authorizing Officer	40. Signature of Authorizing Officer
41. Date of Signature ( <i>Month, Day, Year</i> )	42. Date of Signature ( <i>Month, Day, Year</i> )
43. Typed Name and Title	44. Typed Name and Title

**PRIVACY ACT STATEMENT**

Sections 3373 and 3374, Assignment of Employees To or From State or Local Governments, of Title 5, U.S. 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 personal and financial transactions, to identify you when requesting information about you, e.g., from prior employers, educational institutions, or law agencies, or by State, local, or Federal income taxing agencies.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which permitted by use of the SSN as an identifier of individual records maintained by Federal agencies. Furnishing your SSN or any other 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.

**IPA & JPA Coversheet Calculation Template**  
**For OHSU employee's going on assignment through JPA's & Research VA IPA's only.**  
**Do not use for Clinical IPA's**

\*\*Fill in highlighted areas only - other fields autocalculate

OHSU employee Name:	Benjamin Chan
Department Org:	Ph.Research
Proposed FTE on assignment	0.15
Current OHSU FTE	1.00
Current annualized 1.0 salary	\$ 83,000.00
Current 1.0 salary per pay period	\$ 3,193.00
Period of Assignment: Start date (DD-MMM-YY)	17-Jul-17
Period of assignment End date (DD-MMM-YY)	31-Aug-17
# of days	45.00
# of pay periods	3.00
calculated hourly rate	\$ 39.90

	Total For Assigned Period	Per Pay Period	Annual Cost @ Assigned FTE rate
Salary*	\$ 1,436.54	\$ 478.95	\$ 12,450.00
Current OPE Rate	37%	37%	37%
OPE \$	\$ 525.77	\$ 175.30	\$ 4,556.70
OCA %	11%	11%	11%
OCA Calculation	\$ 215.85	\$ 71.97	\$ 1,870.74
Total OPE listed on Coversheet (OPE + OCA)	\$ 741.63	\$ 247.26	\$ 6,427.44
Total	\$ 2,178.17	\$ 726.21	\$ 18,877.44

\*Salary based on proposed assignment FTE