

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.

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

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.

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)

CHAN, BENJAMIN

3. Social Security Number

552535263

4. Home Address (Street, City, State, Zip Code)

4822 NE 28TH AVE
PORTLAND, OR 97211

5.- A. Have you ever been on a mobility assignment?

☐ YES☒ NO

5.- 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)

VA PORTLAND HEALTH CARE SYSTEM
RESEARCH SERVICE

7. State or Local Government (Identify the governmental agency)

OREGON HEALTH & SCIENCE UNIVERSITY
SCHOOL OF PUBLIC HEALTH

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)

OREGON HEALTH & SCIENCE UNIVERSITY
3181 SW SAM JACKSON PARK ROAD
PORTLAND, OR 97201

10. Employee's Position Title

STAFF BIostatistician

11. Office Telephone Number
(Include the Area Code)

(503) 494-2551

12. Immediate Supervisor (Name and Title)

JODI LAPIDUS, PH.D., PROFESSOR

Jodi Lapidus

Digitally signed by Jodi Lapidus
Date: 2017.05.25 09:39:08
-07'00'

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

\$83,000.00

Original Date Employed by the
State or Local Government (Month,
Day, Year)

07/18/2016

C - Position To Which Assignment Will Be Made

15. Employment Office Name and Address (Street, City, State and ZIP Code)

RESEARCH SERVICE
VA PORTLAND HEALTH CARE SYSTEM
3710 SW US VETERANS HOSPITAL ROAD
PORTLAND, OR 97206

16. Assignee's Position Title

BIostatistician

17. Office Telephone Number
(Include the Area Code)

(503) 494-0179

18. Immediate supervisor (Name and Title)

ALAN TEO, M.D., M.S., CORE
INVESTIGATOR, CIVIC

ALAN TEO
703506

Digitally signed by ALAN TEO 703506
DN: cn=alan.teo@va.gov, o=U.S. Department of Health and Human Services, ou=U.S. Department of Health and Human Services, email=alan.teo@va.gov, c=US
Date: 2017.05.25 14:21:54 -07'00'

PART 5 - TYPE OF ASSIGNMENT

19. Check Appropriate Boxes

- ☐ On detail from a Federal agency
☐ On leave c from a Federal agency
☒ On detail to a Federal agency
☐ On appointment in a Federal agency

- ☐ Full Time
☒ Part Time
☐ Intermittent

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

07/17/2017

08/31/2017

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.

Benjamin Chan will be contributing 15% effort on Phase 2 in collaboration with Dr. Teo on a locally initiated project funded within the VA HSR&D Center to Improve Veteran Involvement in Care (CIVIC) titled Using Social Media to Engage Veterans in Health Care. Mr. Chan's expertise in biostatistics will be used in the locally initiated project.

This is a part time (.15 FTE) assignment. Mr. Chan will spend an average of 15% FTE for approximately 6 weeks on Phase 2.

PART 7 - POSITION DESCRIPTION

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

Phase 2

Phase 2 will be a deeper dive into the second data set of the survey. The aim is to, among those veterans reached via Facebook, quantify the extent to which they are at-risk for psychiatric problems.

The analysis of the survey data will assess suicidal ideation and behaviors, symptoms of depression, PTSD and alcohol misuse, health service use, and use of a variety of social media platforms. The analysis will also determine associations between these psychiatric risk factors and level of social support among social media users.

As in Phase 1, the data set will be processed, cleaned, and provided by the investigator.

Phase 2 is expected to take 6 weeks of calendar time at 15% FTE.

PART 8 - EMPLOYEE BENEFITS

23. Rate of Basic Pay During Assignment

Base=\$1436.54; OPE=\$741.63; TOTAL=\$2178.17

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

NORMAL PAY RAISES FOR OHSU EMPLOYEES

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.)

NORMAL LEAVE BENEFITS FOR OHSU EMPLOYEES

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.)

OREGON HEALTH & SCIENCE UNIVERSITY
OFFICE OF PROPOSAL & AWARD MANAGEMENT
0690 SW BANCROFT ST.
MAIL CODE L106-OPAM
PORTLAND, OR 97239

27. State or Local Government agency Obligations

OREGON HEALTH & SCIENCE UNIVERSITY WILL INVOICE
VA PORTLAND HEALTH CARE SYSTEM MONTHLY FOR
PERFORMANCE OF THIS AGREEMENT BY BENJAMIN
CHAN. INVOICES WILL BE SUBMITTED
ELECTRONICALLY THROUGH VA FINANCIAL SERVICES
CENTER E-INVOICE PROGRAM (OB10).

EACH SUCH INVOICE FOR BENJAMIN CHAN WILL
CONTAIN THE CURRENT SALARY RATE, APPLICABLE
FRINGE BENEFIT RATE, PERCENTAGE OF TIME SPENT
IN PERFORMANCE OF THIS AGREEMENT DURING THE
PERIOD COVERED BY THE INVOICE, AND TOTAL
AMOUNT CALIMED BY THE UNIVERSITY FOR SUCH
PERIOD.

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.)

NORMAL FOR OHSU EMPLOYEES

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

NONE

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.

NONE

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 (Name of Organization)

VA PORTLAND HEALTH CARE SYSTEM, RESEARCH SERVICE

37. Signature of Assigned Employee

Benjamin Chan

Digitally signed by Benjamin Chan,
DN: cn=Benjamin Chan, o=HHS, ou=HHS,
email=benjamin.chan@hhs.gov, c=US
Date: 2017.05.10 13:56:30 -0700

36. Date (Month, Day, Year)

From

To

07/17/2017

08/31/2017

38. Date of Signature (Month, Day, Year)

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

39. Signature of Authorizing Officer

Digitally signed by Charles Resare,
DN: cn=Charles Resare, o=HHS, ou=HHS,
email=charles.resare@hhs.gov, c=US
Date: 2017.05.10 13:56:30 -0700

41. Date of Signature (Month, Day, Year)

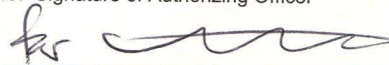
5/26/17

43. Typed Name and Title

Charles Resare, Policy & Financial Compliance Manager

Federal Agency

40. Signature of Authorizing Officer



42. Date of Signature (Month, Day, Year)

5/28/17

44. Typed Name and Title

Michael Fisher, Director

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.



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, 503-494-2536, or **Archie Bower**, herman.bouwer@va.gov, 503-273-5125

Information on Participating Employee			
Employee Name: Benjamin Chan, M.S.		Employee ID#: 33556	
Title/Role: Staff Biostatistician		Home Institution: OHSU	
Annual Salary at 1.0 FTE: \$ 83,000.00			
Is individual a US Citizen? (YES/NO) YES		If Not US Citizen Identify VISA Type: n/a	
Status of Employment? (Permanent/Other) Permanent		If Status of Employment is Other Please identify: n/a	
Type of Assignment			
<input checked="" type="checkbox"/> OHSU employee on assignment to VAPORHCS		<input type="checkbox"/> VAPORHCS Clinical Service employee on assignment to OHSU	
Assignment Information			
Proposed FTE: 0.15		Proposed IPA Start Date: 07/17/2017	
		Proposed IPA End Date: 08/31/2017	
VAPORHCS Department Name:		OHSU Department Name: School of Public Health	
VAPORHCS Department ORG Name:		OHSU Department ORG Name: PH.Research	
Proposed Budget	Total Budget	Budget Per Pay Period	
Salary Cost	\$ 1,436.54	\$726.21	Hourly Rate: \$39.90
(OPE) @ ___%	\$ 741.63		
Total IPA Cost	\$ 2,178.17		
IPA Funding Information:			
Project Principal Investigator: Alan Teo, M.D., M.S.		Funding Source (VA#, OHSU OGA #, or FOMOPPL if Non Sponsored): VA Account # 3410; Grant # CIN 13-404	
Budget Period Start Date: 07/17/2017		Budget Period End Date: 08/31/2017	
Required Signatures:			
VAPORHCS Service Chief Signature		OHSU Department Administrator, or designee Signature	
Herman G Bouwer 277963 <small>Digitally signed by Herman G Bouwer 277963 DN: dc=gov, dc=va, o=internal, ou=people, 0.9.2342.19200300.100.1.1=herman.bouwer@va.gov, cn=Herman G Bouwer 277963 Date: 2017.05.31 14:57:48 -07'00'</small>		Shelly Wolf <small>Digitally signed by Shelly Wolf Date: 2017.05.25 14:34:53 -07'00'</small>	
Name: Archie Bouwer, PhD	Date:	Name: Shelly K. Wolf, M.Ed	Date:
Title: VA Service Chief		Title: Associate Dean for Finance and Administration	

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

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