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| OF 69 (Rev 2-89)  U.S. Office of Personnel Management | ASSIGNMENT AGREEMENT |
| FPM Chapter 334 | Title IV of the Intergovernmental Personnel Act of 1970 (5 U.S.C. 3371 - 3376) |
| INSTRUCTIONS | |

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| 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.  The term "State or local government," when appearing on this form, also refers to an institution of higher education, an Indian tribal government, and any other eligible organization.  Copies of the completed and signed agreement should be retained by each signatory. | | | |  | | | | 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 Operational Division/CEG  1900 E Street, NW  Washington, D.C. 20415  Procedural questions on completing the assignment agreement form or on other aspects relating to the mobility program should be addressed to either mobility program coordinators in each Federal agency or to the staff of the Personnel Mobility Programs in the U.S. Office of Personal 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)* | | | | | | | | | 3. Social Security Number | | | | |
|  | | | | | | | | |  | | | | |
| 4. Home Address *(Street, City, State, ZIP Code)* | | | | 5. A. Have you ever been on a mobility assignment? | | | | | | | | | |
|  | | | | X | 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 arrangement)* | | | | 7. State or Local Government *(Identify the government agency)* | | | | | | | | | |
| VAMC Denver, Colorado | | | | University of Colorado Denver | | | | | | | | | |
| Medical Research Center | | | |  | | | | | | | | | |
| 8. Is assignment being made through a faculty fellows program? | | | |  | | YES | | | X | | NO | | |
| If "YES", give name of the program. | | | |  | | | | |  | | | | |
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| **PART 4 POSITION DATA** | | | | | | | | | | | | | |

A. Position Currently Held

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| --- | --- | --- |
| 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)* |
| University of Colorado Denver |  |  |
| 13001 E. 17th Place | 12 Immediate Supervisor *(Name and Title)* | |
| Aurora, CO 80045 |  | |
|  |  | |

B. Type Of Current Appointment

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 13. Federal Employee *(Check appropriate box.)* | | | | 14. State and Local Employee | | | |
|  | Career Competitive | | Grade Level | | State or Local Annual Salary | | Original Date Employed by the State | |
| x | Other *(Specify):* | |  | |  | | or Local Government *(Month, Day,* | |
|  | |  | |  | | *Year)* | |
|  | |  | |  | |  | |

C. Position To Which Assignment Will Be Made

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| --- | --- | --- |
| 15. Employment Office Name and Address *(Street, City, State and ZIP Code)* | 16. Employee's Position Title | 17. Office Telephone Number  *(Include the Area Code)* |
| Research Service 151 |  |  |
| VA Eastern Colorado Health Care System | 18 Immediate Supervisor *(Name and Title)* | |
| Denver, CO 80220 |  | |
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| **PART 5 TYPE OF ASSIGNMENT** | | | | | | |
| 19. Check Appropriate Boxes | | | | 20. Period of Assignment *(Month, Day, Year)* | | |
|  | On detail from a Federal agency |  | | | From | To | |
|  | On leave without pay from a Federal agency |  | Full Time | |  |  | |
| X | On detail to a Federal agency |  | Part Time | |  |  | |
|  | On appointment in a Federal agency |  | Intermittent | |  |  | |
| **PART 6 REASON FOR MOBILITY ASSIGNMENT** | | | | | | |
| 21. Indicate the reasons for this mobility assignment and discuss how the work will benefit the participating government. In addition, indicate how the employee will be utilized at the completion of this assignment. | | | | | | |
| At the end of this project, it is expected that \_\_\_\_\_\_\_\_\_\_\_\_\_\_ will return to his position the University of Colorado Denver. | | | | | | |
| **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)* | | |
|  | | | | Regular pay raises apply and are responsibility of the University | | |
| 25. Leave provisions *(Indicate the annual and sick leave benefits for which the assigned employee is eligible. Specify the procedure for reporting,*  *requesting and recording such leave.)* | | | | | | |
| Leave benefits as outlined by University of Colorado Denver policy. | | | | | | |
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| **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 rational for cost-sharing decision.)* | | | | | | 27. State or Local Government Agency Obligations |
| Salary to be billed monthly, see attached salary spreadsheet. | | | | | | Billing cycles will be monthly or quarterly, but no less than quarterly.  To ensure payment, invoice must be received within 6 months from the end of the billing period. |
| **PART 10 CONFLICTS OF INTEREST AND EMPLOYEE CONDUCT** | | | | | | |
|  | | | | | | |
| X |  | 28. Applicable Federal, State or local conflict-of-interest laws have been reviewed with the employee to assure that conflict-of-interest situation do not | | | | |
|  |  | inadvertently arise during this assignment. | | | | |
| X |  | 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. | | | | |
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| **PART 11 OPTIONS** | | | | | | |
| 30. Indicate coverage "N/A", if not applicable | | | | | | 31. State or Local Agency Benefits *(Indicate all State employee benefits that* |
|  | | | | | | *will be retained by the State or local agency employee being assigned to* |
| A. Federal Employees Group Life Insurance | | | | | | *a Federal agency. Also include a statement certifying coverage in all* |
|  | Covered | | X | N/A | | *State and local employee benefit programs that are elected by the Fed-* |
| B. Federal Civil Service Retirement System or Federal Employees | | | | | | *eral employee on leave without pay from the Federal agency to a State* |
| Retirement System | | | | | | *or local agency.)* |
|  | Covered | | X | | N/A |  |
| C. Federal Employee Health Benefits | | | | | | Regular employee benefits apply as outlined by the University and are the responsibilit |
|  | | | | | | and are the responsibility of the University. |
|  | Covered | | X | | N/A |  |
| 32. Other Benefits *(Indicate any other employee benefits to be made part of this agreement)* | | | | | | |
| See item #31, above. | | | | | | |
| **PART 11 TRAVEL AND TRANSPORTATION EXPENSES AND ALLOWANCES** | | | | | | |
| 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 334 of the Federal Personnel Manual, and (2) which travel and relocation expenses will be included. | | | | | | |
| No travel is scheduled. | | | | | | |
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| **PART**   |  | | --- | | **PART 13 APPLICABILITY OF RULES, REGULATIONS AND POLICIES** | | | | | | | | | | | |
| 34, Check Appropriate Boxes | | | | | | | | | | |
| X | A. The rules and policies governing the internal operation and management | | | | X | D. I have been informed of applicable provisions should my | | | | |
|  | of the Agency to which my assignment is made under this agreement will be | | | |  | position with my permanent employer become subject to a | | | | |
|  | observed by me | | | |  | reduction-in-force procedure. | | | | |
| X | B. I have been informed that my assignment may be terminated at any | | | |  | E. I agree to serve in the Civil Service upon the completion of | | | | |
|  | time at the option of the Federal agency or the State or local government. | | | |  | my assignment for a period equal to that of my assignment. | | | | |
| X | C. I have been informed that any travel and transportation expenses covered | | | |  | Should I fail to serve the required time. I have been informed | | | | |
|  | from Federal agency appropriation may be recoverable as a debt due the | | | |  | that I will be liable to the United States for all expenses | | | | |
|  | United States, if I do not serve until the completion of my assignment (unless | | | |  | (except salary) of my assignment. *(For Federal employees* | | | | |
|  | terminated earlier by either employer) or one year, whichever is shorter. | | | |  | *only)* | | | | |
| **PART 14 CERTIFICATION OF ASSIGNED EMPLOYEE** | | | | | | | | | | |
| In signing this agreement, I certify that I understand the terms of this agreement an agree to the rules, regulations an policies as  indicated in Part 13 above. | | | | | | | | | | |
| 35. Location of Assignment *(Name of Organization)* | | | | | | | 36. Date *(Month, Day, Year)* | | | |
|  | | | | | | | From | To | | |
|  | | | | | | |  |  | | |
| 37. Signature of Assigned Employee | | | | | | | 38. Date of Signature *(Month, Day, Year)* | | | |
|  | | | | | | |  | | | |
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| **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 into 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 and pay. | | | | | | | | | | |
| State or Local Government Agency | | | Federal Agency | | | | | | | |
| 39. Signature of Authorizing Officer | | | 40. Signature of Authorizing Officer | | | | | | | |
|  | | |  | | | | | | | |
| 41. Date of Signature *(Month, Day, Year)* | | | 42. Date of Signature *(Month, Day, Year)* | | | | | | | |
|  | | |  | | | | | | | |
| 43. Typed Name and Title | | | 44. Typed Name and Title | | | | | | | |
| Soumontha Chanthaphonh – PreAward Manager  University of Colorado Denver Office of Grants and Contracts | | | Sallie A. Houser-Hanfelder  Director VAECHCS | | | | | | | |
|  | | | | | | | | | | |
| PRIVACY ACT STATEMENT | | | | | | | | | | |
| Section 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 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.  Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which permitted use of SSN as an identifier of individual records maintained by Federal agencies. Furnishing you SSN or any other 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. | | | | |
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