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**PART 6 REASON FOR MOBILITY ASSIGNMENT**

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21. Indicate the reasons for this mobility assignment and discuss how the work will benefit the participating Federal and non-Federal co-sponsoring organizations. In addition, indicate how the employee's newly acquired skills will be utilized at the completion of this assignment.

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**PART 7 POSITION DESCRIPTION**

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Major duties and responsibilities to be performed while on the mobility assignment (complete 22-A or 22-B).

22A. \_\_\_ Unclassified duties described below approximate level of difficulty of duties of permanent assignment:

22B. \_\_\_\_\_ A classified description of duties is attached for:

\_\_\_\_\_ LWOP/appointment assignment

\_\_\_\_\_ detail assignment significantly different from duties of permanent assignment

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**PART 8 EMPLOYEE BENEFITS**

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23. Rate of Annual Basic Pay during assignment:  
\$ \_\_\_\_\_ (12 mos.)

24. Special Pay Conditions:

\_\_\_\_ Routine adjustments in salary (applying to all employees, or to individual employees after a prescribed length of service, or as a merit pay adjustment for this assignee) and benefit costs will be reported on quarterly or other periodic billing between co-sponsors and shared at the established cost-sharing ratio for that category without a revision of this agreement document.

\_\_\_\_ Other:

\_\_\_\_ Employee will observe holidays:

\_\_\_\_ Federal

\_\_\_\_ Other (specify)

\_\_\_\_ Both

25A. Annual leave benefits for which assigned employee is eligible:

25B. Sick leave benefits for which assigned employee is eligible:

25C. Official authorized to approve annual or sick leave:

25D. Periodic time and attendance reports to be provided by telephone, and written confirmation

to follow:

\_\_\_\_ Every: \_\_\_\_\_ (not applicable)

25E. Co-Sponsor officials designated to communicate time and attendance information:

**Reporter**

**Receiver**

Name:

Title:

Telephone:

Fax:

Email:

Address:

**PART 9 FISCAL OBLIGATIONS**

26. Determine the relative benefit accruing to each co-sponsoring organization based on the Assignment Purposes listed below. Place a number in the boxes under the beneficiary as follows:

-2- Principal Purpose(s)      -1- Lesser Purpose(s)      -0- Not Applicable

| PRINCIPAL PURPOSES OF THE ASSIGNMENT  | FEDERAL (A) | NON-FEDERAL (B) |
|---|-------------|-----------------|
| ___ Developmental Opportunity for Assignee (benefits sending co-sponsor)                |             |                 |
| ___ Supports Agency Mission (benefits sending co-sponsor)                               |             |                 |
| ___ Supports Government-wide Initiatives (benefits Federal co-sponsor)                  |             |                 |
| ___ Strengthens Intergovernmental Relations (benefits both)                             |             |                 |
| ___ Meets Temporary Need for Skilled Personnel (benefits receiving co-sponsor)          |             |                 |
| ___ Share Scarce Expertise (benefits receiving co-sponsor)                              |             |                 |
| ___ Assists in the Transfer of new Ideas and Technology (benefits receiving co-sponsor) |             |                 |
| ___ Other (Please specify)  |             |                 |
| <b>TOTALS</b>   |             |                 |

COMPUTE BENEFIT RATIO:

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

1. Add (A) to (B) = (C)    \_\_\_
2. Divide (A) by (C) =    \_\_\_% Benefit to Federal
3. Divide (B) by (C) =    \_\_\_% Benefit to Non-Federal

| 27A. Cost-Sharing of Salary and Allowable Expenses<br>(At rates of first day of assignment/extension) | Total Costs | Federal Share | Total Non-Federal Share | Ratio    |
|---|-------------|---------------|-------------------------|----------|
| *Annual Salary (or monthly salary annualized)   | \$          | \$            | \$                      | /        |
| *Annual Employee Benefit Costs (retirement, etc.)   | \$          | \$            | \$                      | /        |
| <b>Total Annualized Salary &amp; Benefit Costs</b>  | <b>\$</b>   | <b>\$</b>     | <b>\$</b>               | <b>/</b> |
| **Length of Assignment Multiplier   |             | X             |                         |          |
| Salary and Benefit Cost over Assignment Period  | \$          | \$            | \$                      | /        |
| ***Federally Authorized Relocation Expenses   | \$          | \$            | \$                      | /        |
| <b>Pre-Assignment Calculation of Assignments Cost</b>   | <b>\$</b>   | <b>\$</b>     | <b>\$</b>               | <b>/</b> |

\* Salary and benefit cost are arbitrarily those as of the first day of the proposed assignment or extension (adjustments for changes in pay and benefits during assignment are recorded in Block 24).

\*\* Examples:      2 year would be: **X 2**    8 months would be: X .67    1 full year would be: **X 1**

\*\*\* 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)

27B. Determination of Need for Variance Approval

|                |                    |
|----------------|--------------------|
| <b>Federal</b> | <b>Non-Federal</b> |
|----------------|--------------------|

|   |               |
|---|---------------|
| Benefit Ratio (last line from Block 26) | _____ / _____ |
|---|---------------|

|  |               |
|--|---------------|
| Cost-Sharing Commitments (last line from Block 27A.) | _____ / _____ |
|--|---------------|

\_\_\_\_\_ Federal costs are the same or less than the estimated Federal benefit (go to block 27-D)

\_\_\_\_\_ Federal costs exceed the estimated Federal benefit

\_\_\_\_\_ justification for variance is attached

27C. Officials responsible for carrying out financial terms of agreement:

|         |             |
|---------|-------------|
| Federal | Non-Federal |
|---------|-------------|

Name:

Title:

Telephone:

Address:

27D. Frequency and method by which co-sponsors will bill and pay costs to be shared:

**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.

A non-Federal employee on assignment to a Federal agency, whether by appointment or on detail, is subject to a number of provisions of law governing the ethical and other conduct of Federal employees. Title 18, United States Code, prohibits certain kinds of activity:

- receiving compensation from outside sources for matters affecting the Government (section 203),
- acting as agent or attorney for anyone in matters affecting the Government (section 205),
- acting or participating in any matter in which he or she, the immediate family, partner; or, the organization with which he or she is connected has a financial interest (section 208),
- receiving salaries or contributions from other than Government sources for his or her Government services (section 209),

- soliciting political contributions (sections 602 and 603),
- intimidating to secure political contributions (section 606),
- failing to account for public money (section 643),
- converting property of another (section 654),
- disclosing confidential information (section 1905); and,
- lobbying with appropriated funds (section 1913).

Non-Federal employees are also subject to the Ethics in Government Act of 1978; 5 CFR part 735 which regulates employee responsibilities and conduct; as well as agency standards of conduct regulations. The Intergovernmental Personnel Act does not exempt a Federal employee, whether on detail or on leave without pay, from Federal conflict-of-interest statutes when assigned to a non-Federal organization. The Federal employee may not act as an agent or attorney on behalf of the non-Federal entity before a Federal agency or a court in connection with any proceeding, application, or other matter in which the Federal Government is a party or has a direct and substantial interest. The Federal agency should be particularly alert to any possible conflict-of-interest, or the appearance thereof, which may be inherent in the assignment of one of its employees. Conflict-of-interest rules should be reviewed with the employee to assure that potential conflict-of-interest situations do not inadvertently arise during an assignment.

Under the terms of the *Indian Self-Determination and Educational Assistance Act*, Federal employees on assignment to an Indian tribal government are exempt from conflict-of-interest provisions concerning representational activities, provided the employee meets notification requirements. Federal employees may act as agents or attorneys for, or appear on behalf of, such tribes in connection with any matter pending before any department, agency, court, or commission, including any matter in which the United States is a party or has a direct and substantial interest. The Federal assignee must advise, in writing, the head of the department, agency, court, or commission with which he or she is dealing or appearing on behalf of the tribal government, of any personal and substantial involvement he or she may have had as an officer or employee of the United States in connection with the matter involved.

Non-Federal employees on assignment to the Federal Government are subject to the provisions of 5 USC chapter 73, United States Code (Suitability, Security, and Conduct, including restrictions on political activity), and any applicable non-Federal prohibitions.

**Part 11 OPTIONS**

| 30. Federal Benefit Options                               | Required | Elected | Declined | N/A |
|---|----------|---------|----------|-----|
| Federal Employees Group Life Insurance (FEGLI)            |          |         |          |     |
| Basic Coverage  |          |         |          |     |
| Option A  |          |         |          |     |
| Option B __x1 __x2 __x3 __x4 __x5                         |          |         |          |     |
| Option C __x1 __x2 __x3 __x4 __x5                         |          |         |          |     |
| Federal Civil Service Retirement System                   |          |         |          |     |
| Thrift Savings Plan                                       |          |         |          |     |
| Federal Withholding for Medicare Only (Federal employees) |          |         |          |     |
| Payroll Withholding for (all) Social Security Programs    |          |         |          |     |
| Federal Employee Health Benefits                          |          |         |          |     |

**Column TOTALs Federal Government Employer Costs**    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_  
**TOTAL to be carried to Block 27-A, line 2, first column**                    \$ \_\_\_\_\_

| 31. Non-Federal Benefit Options | Pay Period Cost<br>(to employer) | Annualized Costs<br>(to employer) |
|---------------------------------|----------------------------------|-----------------------------------|
|---------------------------------|----------------------------------|-----------------------------------|

**TOTAL (to be carried to Block 27A, line 2, first column)** \$ \_\_\_\_\_

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

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**PART 12 TRAVEL AND TRANSPORTATION EXPENSES AND ALLOWANCES**

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33A. Indicate (1) whether Federal or non-Federal agency will pay travel and transportation expenses to, from and during the assignment and (2) which travel and relocation expenses will be provided.

33B. Other travel, transportation meeting or conference attendance costs, etc., for which assignee will be supported or reimbursed and which co-sponsor will reimburse or support during period of assignment (guaranteed to assignee but NOT cost-shared by co-sponsors).

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

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34. Initial Appropriate Items:

- \_\_\_\_\_ A. I will observe the rules and policies governing the internal operation and management of the agency to which I am assigned.
- \_\_\_\_\_ B. I have been informed that my assignment may be terminated at any time at the option of the Federal or non-Federal agency.
- \_\_\_\_\_ C. I have been informed that any travel and transportation expenses (per diem at the assignment or relocation 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 return to Federal 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 and benefits) of my assignment. *(For Federal employees only)*

F. I understand, as a non-Federal employee assigned to a Federal agency, that I may return to my non-Federal position occupied prior to my assignment or to one of comparable pay, duties, and seniority and that my employee rights and benefits are fully protected. *(For Non-Federal employees only)*

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**PART 14 CERTIFICATION OF ASSIGNED EMPLOYEE**

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

\_\_\_\_\_  
Signature of Assignee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

---

**PART 15 CERTIFICATION OF APPROVING OFFICIALS**

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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 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/she occupied at the time this agreement was entered into or a position of like seniority, status and pay.

36. Component Supervisor

I further certify that I understand and will comply with the requirement of Federal supervisors both during the assignment period and during the post-assignment evaluation period.

\_\_\_\_\_  
Signature of Component Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

---

37. Certification of Component Deputy Commissioner

I endorse all terms provided in this agreement. If a non-Federal employee is to be assigned to a Federal position, I certify that this assignee's skills are not available among former employees registered on a Reemployment Priority List for the commuting area of the assignment (this applies if SSA undergoes a RIF).

\_\_\_\_\_  
Signature of Component Deputy Commissioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

38. Certification of Authorizing Non-Federal Official  
Resources

39. Certification of Deputy Commissioner for Human Resources

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, status, and pay unless the employee must be subject to reduction-in-force (RIF) procedures:

\_\_\_\_\_  
Signature of Authorizing Non-Federal Official

\_\_\_\_\_  
Signature of Deputy Commissioner for Human Resources

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

40. Certification of Commissioner of SSA

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Privacy Act Statement**

Title 5 U.S.C sections 3373 and 3374, and Executive Order 9397, as amended, authorize us to collect this information, including your Social Security number. We will use the information you provide 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. We may also use the information 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 Federal, State, or local income taxing agencies.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may result in your being ineligible for participation in the Intergovernmental Assignment Program.

We rarely use the information you supply for any purpose other than to 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. However, we may disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To the Office of Personnel Management, the Merit Systems Protection Board (MSPB), or the Office of the Special Counsel when information is requested in connection with appeals, special studies of the civil service and other merit systems, review of those agencies' rules and regulations, investigation of alleged or possible prohibited personnel practices, and for such other function of these agencies as may be authorized by law, e.g., 5 U.S.C. 1205 and 1206.
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);

3. To the General Services Administration and the National Archives Records Administration (NARA) under 44 U.S.C. 2904 and 2906, as amended by the NARA Act of 1984, information which is not restricted from disclosure by Federal law for the use of those agencies in conducting records management studies.
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

A complete list of routine uses for this information is available in the U.S. Office of Personnel Management's System of Records Notice OPM/GOVT-1, entitled General Personnel Records, and our System of Records Notice 60-0239, entitled Personnel Records in Operating Offices. Our notices and additional information regarding this form are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at any of our local personnel offices.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO THE EXECUTIVE & SPECIAL SERVICES STAFF USING THE ADDRESS LISTED ON PAGE 1 OF THIS DOCUMENT.** *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

# Extension Request

**EXTENSION OF ASSIGNMENT AGREEMENT UNDER THE INTERGOVERNMENTAL PERSONNEL ACT** SSA Modification (10/08)

(Numbered Items match Initial Agreement Information Blocks)

2. Assignee's Name:

3. Social Security #:

6. Federal Agency Co-Sponsor (SSA/DC/Office/Component):

7. Non-Federal Agency Cosponsor:

20A. Previously Approved Assignment Period:                      From:                      To:

20B. Proposed Period for Extension:                                      From:                      To:

20C. Reason for Extension:

27A. Cost-Sharing of Salary and Allowable Expenses  
(at rates of first day of assignment/extension)

\*Annual Salary (or monthly salary annualized)  
\*Annual Employee Benefit Cost (retirement, pd time off etc.)  
Total Annualized Salary & Benefit Costs  
\*\*Length of Assignment Multiplier  
Salary and Benefit Costs over Extension Period  
\*\*\*Federally Authorized Relocation Expenses  
Total Calculated Costs of Extension

| Total<br>Costs | Federal<br>Share | Non-Federal<br>Share | Ratio |
|----------------|------------------|----------------------|-------|
| \$             | \$               | \$                   | /     |
| \$             | \$               | \$                   | /     |
| \$             | \$               | \$                   | /     |
| \$             | \$               | \$                   | /     |
| \$             | \$               | \$                   | /     |
| \$             | \$               | \$                   | /     |

\*Salary and benefit costs are arbitrarily those as of the first day of the proposed assignment or extension (adjustments for changes in pay and benefits during the extension period are recorded in Block 24 of the initial agreement unless modified in Item #32B)

\*\*Example: 2 year would be: X 2 8 months would be: X .67 1 full year would be: X 1

\*\*\*Return trip costs at the 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 for which assignee will bill to gaining co-sponsor in the same manner as other employees of the gaining co-sponsor).

27B. Determination of Need for Variance Approval                                      Federal    Non-Federal

Benefit Ratio (last line from Block 26 of initial agreement)                                      \_\_\_\_\_ / \_\_\_\_\_

Cost-sharing Commitments of Extension (last line of Item 27A above)                                      \_\_\_\_\_ / \_\_\_\_\_

\_\_\_ Federal costs are the same or less than estimated Federal benefit (go to Item #32)

\_\_\_ Federal costs exceed estimated Federal benefit

Variance approval not required as explained in Block 27B of Initial agreement

Justification for variance explained in Block 27B of Initial agreement

Other justification:

27D. Frequency and method by which co-sponsors will bill and pay shared costs.

32. All other terms of the previously approved agreement remain the same except as noted below:

CERTIFICATION AND CONCURRENCE: The mutual benefits described in the initial agreement for both the Federal and non-Federal co-sponsors are expected to continue through this extension period:

\_\_\_\_\_  
35. Signature of Assignee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
36. Signature of Component Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
37. Signature of Component Deputy Commissioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
38. Signature of Non-Federal Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
39. Signature of Deputy Commissioner Human Resources

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
40. Signature of Commissioner, SSA

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**The following pages contain checklists that are to remain with this agreement.**

# Obligated Service Agreement



SOCIAL SECURITY

## Obligated Service Agreement

IPA Assignee Name:

Date of Assignment:

**IPA Assignee, please initial the appropriate statement below.**

I agree, as an SSA employee on IPA assignment, to return to Federal service for a period equal to the length of my assignment. If I fail to carry out this agreement, I will reimburse SSA for its share of the assignment costs (exclusive of salary and benefits).

\_\_\_ I agree to the above statement (SSA employee).

\_\_\_ I am not an SSA employee.

**IPA Assignee, please initial the item below and sign and date this agreement.**

Any travel and transportation expenses (per diem at the assignment location or limited relocation expenses), **except travel expenses paid for traveling away from the assignment location**, that were covered by SSA funds will be recoverable as a debt due the United States if I fail to serve through the completion of my assignment, unless terminated earlier by either employer or 1 year whichever is shorter, or unless SSA waives the debt.

\_\_\_ I agree to the above statement.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

# Checklist for Incoming Assignments

**INTERGOVERNMENTAL PERSONNEL ACT CHECKLIST FOR INCOMING ASSIGNMENTS**  
(SSA Modification 10/08)

NAME OF POTENTIAL INTERGOVERNMENTAL PERSONNEL ACT (IPA) ASSIGNEE:

NAME OF SSA COMPONENT PROVIDING THE POTENTIAL IPA ASSIGNMENT:

Please check appropriate box and provide explanation. If you need additional space, please insert another page and reference the numbered question.

Hint: Position your cursor at the end of this document. On your keyboard press down on the Control key. While holding the Control key down, press the Enter key. A new page will appear.

| QUESTION  | YES | NO | EXPLANATION |
|---|-----|----|-------------|
| 1. Has the employee been a permanent career employee of the non-Federal organization for at least 90 days? If no, employee cannot be selected for an IPA assignment.  |     |    |             |
| 2. Does the employee possess skills and expertise not available in the Federal workforce? If no, please explain.  |     |    |             |
| 3. Can the proposed task be accomplished by contract or consultant? If no, please explain.  |     |    |             |
| 4. Has employee been given SSA Standards of Conduct information?  |     |    |             |
| 5. Are sufficient funds available for this assignment?  |     |    |             |
| 6. Is SSA paying more than 50% of the total cost-sharing? If yes, has a justification been included with the IPA Agreement?   |     |    |             |
| 7. Is the employee aware he/she will be required to repay SSA for travel and transportation expenses that were paid in connection with the assignment if he/she fails to complete the required period (unless the assignment is terminated earlier by either organization)? |     |    |             |
| 8. Is the employee aware he/she must return to the non-Federal organization upon completion of the assignment?  |     |    |             |
| 9. Has the individual participated in this program for 4 continuous years? If yes, there must be a 12-month return to duty with their originating organization.   |     |    |             |
| 10. For documentation purposes, attach a resume to this agreement.  |     |    |             |

We have reviewed the information indicated above along with the attached IPA Assignment Agreement and recommend approval of this assignment.

\_\_\_\_\_  
Component Associate Commissioner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Component Deputy Commissioner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

PLEASE RETURN THIS FORM TO:

Office of the Deputy Commissioner for Human  
Resources/Executive and Special Services Staff  
Room 2510 Annex Building,  
6401 Security Boulevard  
Baltimore, Maryland 21235-6401  
ATTN: IPA Staff