

**Assignment Agreement**  
**Title IV of the**  
**Intergovernmental Personnel Act of 1970**  
**(5 U.S.C. 3371 - 3375)**

**Instructions for Incoming Assignments**

This package applies to non-Federal employees coming to work at SSA.

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

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.

Executive & Special Services Staff  
Room 2510 Annex Building  
6401 Security Boulevard  
Baltimore, MD 21235  
Attn: IPA

The term "State or local government", when appearing on this form, refers to an institution of higher education, an 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 may be addressed to:

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

Karen Makino  
Phone: 410-965-4473  
Fax: 410-965-4391  
Email: [karen.makino@ssa.gov](mailto:karen.makino@ssa.gov)

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**PART 1 NATURE OF ASSIGNMENT AGREEMENT**

1. Origin of Assignment Agreement (check all that apply)

- New Agreement     Modification of existing agreement     Extension of existing agreement

**PART 2 INFORMATION ON PARTICIPATING EMPLOYEE**

2. Name (*Last, First, Middle*)

3. Social Security Number

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

5A. Has assignee served on a previous IPA assignment?

- Yes (complete 5B)     No (omit 5B)

5B. Dates of previous IPA assignment(s):

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## PART 3 PARTIES TO THE AGREEMENT

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6. Federal Agency/DC Office/Component that is party to the agreement

7. Eligible Non-Federal Co-Sponsor

8. Is assignment being made through a faculty fellows program?  Yes (complete 8A)  No (omit 8A)

8A. Name of program

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## PART 4 POSITION DATA

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### A. Current Position

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

10. Employee's Position Title and Job Series

11. Office Phone No. (Area Code)

12. Immediate Supervisor (Name and Title)

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### B. Current Appointment Type

13. Federal Employees (Check appropriate box.)

Career Competitive

Grade Level:

Other (Specify)

Salary:

14. Non-Federal Employees

Salary:

Original Date Employed by the Non-Federal Organization

(eligible non-Feds must have been employed at least 90 days)

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### C. Position to Which Assignment Will Be Made

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

16. Employee's Position Title

17. Office Phone No. (Area Code)

18. Immediate Supervisor (Name and Title)

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## PART 5 TYPE OF ASSIGNMENT

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19A. Check appropriate Box

On detail from a Federal Agency

On leave without pay from a Federal Agency

On detail to a Federal Agency

On appointment in a Federal Agency

19B.  Full Time

Part Time

Intermittent

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

From:

To:

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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 dues 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 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)

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## PART 8 EMPLOYEE BENEFITS (Continued)

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

Reporter

Receiver

Name:

Name:

Title:

Title:

Telephone:

Telephone:

Fax:

Fax:

Email:

Email:

Address:

Address:

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## PART 9 FISCAL OBLIGATIONS

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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)

TOTALS

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### 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 (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

	Federal	Non-Federal
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 <input type="checkbox"/> x1 <input type="checkbox"/> x2 <input type="checkbox"/> x3 <input type="checkbox"/> x4 <input type="checkbox"/> x5				
Option C <input type="checkbox"/> x1 <input type="checkbox"/> x2 <input type="checkbox"/> x3 <input type="checkbox"/> x4 <input type="checkbox"/> 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**

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31. non-Federal Benefit Options

Pay Period Cost (to employer)

Annualized Costs (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 cosponsors).

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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.

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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.

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Signature of Component Supervisor

---

Date

---

Printed Name

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37. Component 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



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.

**See revised  
Privacy Act  
Statement below.**

We rarely use the information you supply for any purpose other than 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. 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 YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *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 Number

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)	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 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 (last line from Block 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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
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**



## 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.

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.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the employee possess skills and expertise not available in the Federal workforce? If no, please explain.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Can the proposed task be accomplished by contract or consultant? If no, please explain.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Has employee been given SSA Standards of Conduct information?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are sufficient funds available for this assignment?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is SSA paying more than 50% of the total cost-sharing? If yes, has a justification been included with the IPA Agreement?	<input type="checkbox"/>	<input type="checkbox"/>	
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)?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Is the employee aware he/she must return to the non-Federal organization upon completion of the assignment?	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	
10. For documentation purposes, attach a resume to this agreement.	<input type="checkbox"/>	<input type="checkbox"/>	

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