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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. 20415Procedural 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 |  |  |  |
|  | X |  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 | X |  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)* |
| Veterans Affairs (VA) Northern California Health Care System | University of San Francisco |
| 10535 Hospital Way, Mather, CA 95655 |  |
|  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 San Francisco (USF) School of Nursing | Faculty |   |
| 2130 Fulton Street  |  12 Immediate Supervisor *(Name and Title)* |
| San Francisco, CA 94117-10805 |  Judith Karshmer, Dean |
|  |   |

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 |
|  |  Other *(Specify):* | N/A | Hourly |  or Local Government *(Month, Day,* |
|  |  |  |  *Year)* |
|  |  |  | 7/01/2014 |

C. Position to Which Assignment Will Be Made

|  |  |  |
| --- | --- | --- |
|  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)* |
| VA Nursing Academic Partnerships (VANAP) |  Faculty |   |
| VA Northern California Health Care System |  18 Immediate Supervisor *(Name and Title)* |
| 10535 Hospital Way |  Judith Karshmer, Dean |
| Mather CA 95655 |   |

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|  **PART 5 TYPE OF ASSIGNMENT** |
|  19. Check Appropriate Boxes |  20. Period of Assignment *(Month, Day, Year)* |
|  |  On leave without pay from a Federal agency |  | Full Time | From 7/1/2014 | To5/31/2014 |
| X |  On detail to a Federal agency | X | 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. |
| This Assignment agreement will allow USF to establish, in accordance with P.L. 100-322, Section 204, to permit Octavia Struve to partner with USF and VA faculty in teaching and mentoring nursing students at the USF School of Nursing as well as providing oversight of the USF faculty as Program Director.This assignment is being established in support of a VA funded academic partnership. The VA gains faculty capable of providing unique expertise in the area of nursing education. USF gains the opportunity to participate in a VA nursing academic partnership program and thereby educate and develop nursing students. |
|  **PART 7 POSITION DESCRIPTION** |
|  22. List the major duties and responsibilities to be performed while on the mobility assignment. |
| xxxxxxxxxx must be a USF credentialed faculty member and qualified administrators, well-experienced to teach and deliver nursing curricula that will train nurses to provide highly skilled patient care to Veteran patients in the VA NCHCS and abroad. Octavia will also oversee the USF faculty and program operations to ensure that she and her colleagues do the following: Teach curriculum/clinical assignments as provided and mandated by USF Nursing Program Attend and participate in VA workgroups and committees as directed  Be punctual to all designated class meeting times, faculty meetings, etc. Annotate work hours on approved timesheet provided and submit a copy via email to the administrative contact and final contact on at least a monthly basis5. Octavia shall be paid at agreed upon times at the fund amounts established by the VANAP. |
|  **PART 8 EMPLOYEE BENEFITS** |
|  23. Rate of Basic Pay During Assignment$/per yearper year |  24. Special Pay Conditions *(Indicate any conditions that could increase the assigned employee's compensation during the assignment period)* |
|  |  Normal salary adjustments consistent with USF policy. |
|  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 provisions and procedures of USF will stand. |
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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.)* |  25. State or Local Government Agency Obligations |
| The VANAP will reimburse USF for each pay period of salary and related benefits (direct cost). Actual reimbursement will depend on amount of time actually spent on VA activities; this will be indicated on each monthly invoice.Estimated effort is 100%Annual Salary =  | USF will make salary payments and fringe benefit contributions directly to the employee. USF will invoice VANAP for direct costs incurred once all parties have signed IPA agreement; actual time spent on VA activities will be indicated on all invoices. Purchase Order number will be assigned after Oct 1st of each year and must be included on all invoices.**Monthly invoices must be sent electronically through OB10 for processing.**All invoices will include a PO number to be provided by the Nursing Service Contracting Officer Representative. |
|  **PART 10 CONFLICTS OF INTEREST AND EMPLOYEE CONDUCT** |
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| 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.             |
|  |  |  |
|  **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 | Life Insurance State Retirement |
|  C. Federal Employee Health Benefits | FICA Health Insurance |
|  | Workman’s Comp Dental Insurance |
|  |  Covered | X |  N/A | Unemployment Disability Insurance |
|  32. Other Benefits *(Indicate any other employee benefits to be made part of this agreement)* |
| None |
|  **PART 12 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. |
| None |
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|  **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 asindicated in Part 13 above. |
| 35. Location of Assignment *(Name of Organization)* |  36. Date *(Month, Day, Year)* |
| USF School of Nursing |  From |  To |
| 2130 Fulton Street, San Francisco, CA 94117-10805San Francisco, CA 94117-10805 |   |   |
| 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 and serves a sound, mutual public purpose and is not solely for the employee's benefit
* the state or local agency understands that employee cannot work for compensation until IPA documents have been signed and approved by the federal agency
* 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.
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| State or Local Government Agency |  |
| 39. Signature of Authorizing Officer |  |
|  |  |
| 41. Date of Signature *(Month, Day, Year)* |  |
|  |  |
|  Federal Agency |  |
|  40. Signature of Authorizing Officer |  |
|   |
|  42. Date of Signature *(Month, Day, Year)* |
|  |  | 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. |
|  44. Typed Name and Title |
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Administrative Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Christopher Howell, Chief, HRMS