**VAMHCS HRMS IPA WORKSHEET**

**All IPA agreements must be sent to HRMS for technical and administrative review at least 60 days prior to the start date of this agreement. This form should be routed to HRMS along with the completed OPM form OF-69 IPA Assignment Agreement** *(VHA Handbook 5005, Staffing, Part I, Chapter 3, Section C outlines the required information to be included in OPM form OF-69)*

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| **Service Submitting Request:**  | **Service Contact Person:**  |
| **Contact Phone Number:**  | **Contact Email Address:**  |
| **Name of IPA Employee:** |
| **Nature of IPA Request:**  |
| **Start Date of IPA:** | **End Date of IPA:**  | **Total Salary Requested:** |
| **Full Project Name/Grant IPA will be assigned to:**  |
| **Start and End Dates of Project:**  |
| **Modification Notes:**  |
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| **Has the Service Chief and/or Clinical Center Director read VHA Handbook 1660.03 regarding Conflict of Interest and submitted the Acknowledgment Form, VA Form 10-21009 (NR) to HRMS to be filed in Official eOPF per handbook guidance?** | Yes[ ]  | No[ ]  |
| **Has the proposed employee for this IPA Agreement been provided all regulations pertaining to conducting VHA Research, including Conflict of Interest?**  | Yes[ ]  | No[ ]  |
| **Has the proposed IPA been employed by the non-federal organization for at least 90 days?**  | Yes[ ]  | No[ ]  |
| **Organization has been certified as eligible by VA (**<http://archive.opm.gov/programs/ipa/IPA-OtherOrgList.asp> or <http://www.navref.org/assets/1/7/2010_IPA_Certification_Letters.pdf>**)** | Yes[ ]  | No[ ]  |
| **Is this IPA Agreement a Temporary Assignment?**  | Yes[ ]  | No[ ]  |
| **Confirm that the proposed employee for this IPA Agreement is not on the OIG Exclusionary List.** <https://exclusions.oig.hhs.gov/>. *Please include print out from OIG Website.*  | Yes[ ]  | No[ ]  |

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| **Do you confirm the proposed IPA is not a trainee/student/fellow employed in research, graduate, teaching assistant or similar temporary positions?** | Yes[ ]  | No[ ]  |
| **Do you confirm the proposed employee will not provide clinical services/duties or administrative/support duties?** | Yes[ ]  | No[ ]  |
| **Does the proposed IPA have relatives who work for the requesting Service, R&D, or Project Investigators?** *If yes, must provide name, relationship, and service for which the relative works on separate page.* | Yes[ ]  | No[ ]  |
| **Has the proposed IPA received required clearance by Veterans Service Center (VSC)?** *If no, call HRMS before proceeding.* | Yes[ ]  | No[ ]  |
| **Does the individual on the IPA require credentialing?** | Yes[ ]  | No[ ]  |
| *If yes to above, has the credentialing process been completed?*  | Yes[ ]  | No[ ]  |

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| **For work done outside of VAMHCS, do you confirm that a Memorandum of Understanding is in place for each location?** *If no, call HRMS before proceeding.* | N/A[ ]  | Yes[ ]  | No[ ]  |
| **Will the individual be working in or require access to secure areas or laboratory?***If yes, list area/laboratory and level (BSL-2 or BSL-3):* | Yes[ ]  | No[ ]  |

IPA Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Does the IPA Agreement meet one or more of the four objectives stated below:**  | Yes[ ]  | No[ ]  |
| Strengthening the management capabilities of Federal agencies, State, local and Indian tribal governments, and Indian tribal governments, and other eligible organizations. |[ ]
| Assisting the transfer and use of new technologies and approaches to solving governmental problems. |[ ]
| Facilitating an effective means of involving state and local officials in developing and implementing Federal policies and programs. |[ ]
| Providing program and developmental experience which will enhance the assignee’s performance in his or her regular job. |[ ]

**Regulatory Time Line Restriction of IPA Background:** Assignment agreements can be made for up to two years and may be extended for an additional two years. An employee who has served for four continuous years in the program may not be placed on another assignment without at least a 12 month return-to-duty with his/her regular employer. Successive agreements for two different or distinct assignments without a break of at least 60 calendar days will be regarded as continuous service under the mobility authority.

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| **Is this IPA Agreement for a two year or less timeframe?**  | Yes[ ]  | No[ ]  |
| **If this IPA Agreement is consecutive to a previous IPA Agreement, has the proposed employee been separated for 60 days or less?** | Yes[ ]  | No[ ]  |
| **Is the proposed IPA Agreement part of consecutive back to back two year Agreement to include a less than 60 day break between the first and second agreement?**  | Yes[ ]  | No[ ]  |
| **If this agreement involves an employee who has participated in the IPA program for four years, has the employee met the minimum twelve month break between assignments?** | Yes[ ]  | No[ ]  |
| **Does this proposed IPA Agreement involve an employee currently serving on another Agreement?**  | Yes[ ]  | No[ ]  |
| **If proposed employee is a Federal Employee, have they been on an IPA for a total of 6 years in their entire Federal career?** | N/A[ ]  | Yes[ ]  | No[ ]  |

**Required Documents Included:**

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| Complete signed and dated OF-69 |[ ]
| VAMHCS IPA Worksheet |[ ]
| OIG Exclusionary Print Out |[ ]
| VSC Security Clearance Notification |[ ]
| VAMHCS Research Scope of Practice *(if applicable)* |[ ]
| VAMHCS Appointment Letter *(if applicable)* |[ ]

Submitting Service Chief/Clinical Center Director’s name, signature, and date.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_