INSTRUCTIONS

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 Operations 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 Personnel Management.

Modification	Extension	
	3. Social Security Number	
5 A. Have you ever been on a mobility assignment?		
YES	NO	
5 B. If "Yes", date of each assignr	ment (Month and Year)	
From	То	
7. State or Local Government (Ident	tify the governmental agency)	
YES	NO	
Currently Held		
10. Employee's Position Title	11. Office Telephone Number	
	(Include the Area Code)	
12. Immediate Supervisor (Name an	nd Title)	
	YES 5 B. If "Yes", date of each assign From 7. State or Local Government <i>(Iden</i>) YES Currently Held	

B - Type of Current Appointment

13. Federal Employees (Check appropriate box.)		14. State and Local Employees		
Career Competitive Other <i>(Specify)</i> :	Grade Level	State or Local Annual Salary	Original Date Employed by the State or Local Government <i>(Month, Day,</i> <i>Year)</i>	
	C - Position To Which A	Assignment Will Be Made		
15. Employment Office Name and Address (<i>Street, City, State and ZIP Code</i>)		16. Employee's Position Title	17. Office Telephone Number (Include the Area Code)	
		18. Immediate Supervisor (Name	and Title)	

P/	ART 5 - TYPE OF ASSIGNMENT				
19	 Check Appropriate Boxes 			20. Period of Assignment (Month , Da	y, Year)
	On detail from a Federal agency			From	То
	On leave without pay from a Federal agency		Full Time		
	On detail to a Federal agency		Part Time		
	On appointment in a Federal agency		Intermittent		
P	ART 6 - REASON FOR MOBILITY ASSIGNME	N			

21. Indicate the reasons for this mobility assignment and discuss how the work will benefit the participating governments. In addition, indicate how the employee will be utilized at the completion of this assignment.

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)

25. Leave Provisions (Indicate the annual and sick leave benefits for which the assigned employee is eligible. Specify the procedures for reporting, requesting and recording such leave.)

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 rationale for cost-sharing decision.) 27. State or Local Government Agency Obligations

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.

PART 11 - OPTIONS

30. Indicate coverage "N/A", if not applicableA. Federal Employees Group Life Insurance		icable	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 agency. Also include a statement certifying	
		ince		
	Covered	N/A	coverage in all State and local employee benefit programs that are elected by the Federal employee on leave without pay from the Federal agency to a State or local agency.)	
В.	Federal Civil Service Retirement System	tem or Federal Employees		
	Covered	N/A		
C.	Federal Employee Health Benefits			
	Covered	N/A		

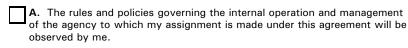
32. Other Benefits (Indicate any other employee benefits to be made part of this agreement)

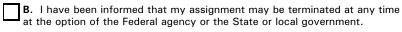
PART 12 - TRAVEL AND TRANSPORTATION EXPENSES AND ALLOWANCES

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.

PART 13 - APPLICABILITY OF RULES, REGULATIONS AND POLICIES

34. Check Appropriate Boxes





C. I have been informed that any travel and transportation 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 serve in the Civil 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) of my assignment. *(For Federal employees only)*

PART 14 - CERTIFICATION OF ASSIGNED EMPLOYEE

In signing this agreement, I certify that I understand the terms of this agreement and agree to the rules, regulations and policies as indicated in Part 13 above.

35. Location of Assignment (Name of Organization)	36. Date (Month , Day,	Year)
	From	То
37. Signature of Assigned Employee	38. Date of Signature (Month, Day, Year)

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 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 or she occupied at the time this

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 (<i>Month, Day, Year</i>)
43 . Typed Name and Title	44. Typed Name and Title

PRIVACY ACT STATEMENT

Sections 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 the SSN as an identifier of individual records maintained by Federal agencies. Furnishing your SSN or any other data 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.