DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH
Extension of Assignment Agreement
Under the IPA

NIH) National Institutes of Health

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. Please see Manual Chapter 2300-334-1 Assignments under the Intergovernmental Personnel Act (IPA).

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

Procedural questions in completing the assignment form or other aspects relating to the mobility program should be addressed to the Compensation and Policy Division, Office of Human Resources.

Privacy Act Statement: Sections 3373 and 3374, Assignment of Employees to or from State or local Governments of Title 5, US 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. Furnishing any 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.

Assignee's Name	Social Security #
Federal Agency Co-Sponsor	Non-Federal Agency Co-Sponsor
Previously Approved Assignment Period From To:	Proposed Period for Extension From To:

Reason assignment was not completed in initially approved period/why extension is proposed:

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

Cost Type (calculate down each column)	Total Costs	Federal Share	Non-Federal Share	% Ratio
Annual Salary (or monthly salary annualized)				/
Annual Employer Cost for Employee Benefits				/
Total Annualized Salary and Benefits Costs				/
Salary and Benefit Cost over Assignment Period Length of Assignment Multiplier x_____				/
Federally Authorized Relocation Expenses				/
Total Calculation of Assignment Costs (sum of the above -- Salary, Benefits, Travel, and Multiplier)				/

Demonstration of Need for Variance Approval   Federal   Non-Federal

Fit Ratio (Block 10b of Initial agreement)   _____ / _____
Cost-sharing Commitments of Extension (Block 10c of Initial agreement)   _____ / _____

☐ Federal costs are the same or less than estimated Federal benefit

☐ Federal costs exceed estimated Federal benefit

    ☐ Variance approval not required as explained in Block 10f of Initial agreement

    ☐ Justification for variance explained in Block 10f of Initial agreement

    ☐ Other justification:

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

CONFLICTS OF INTEREST AND EMPLOYEE CONDUCT

☐ Applicable Federal conflict of interest laws have been reviewed with the employee to assure that conflict of interest situations do not inadvertently arise during this assignment.

☐ The employee has been notified of laws, rules, regulations, and policies on employee conduct which apply to him/ her while on this agreement.

Participant counseled by IC Deputy Ethics Counselor

_____	_____	_____
Signature	Print Name	Date

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 the extension period:

Signature of Assignee	Print Name	Date
Signature of IC Approving Official	Print Name and Title	Date
Signature of Approving Non-Federal Official	Print Name and Title	Date
Signature of NIH IPA Program Manager	Print Name and Title	Date
Signature of Additional Approving Official *(if required)*	Print Name and Title	Date