

Appendix 4. . Extension of Assignment Agreement Under the IPA

Exhibit 334-1-H
Personnel Manual
HHS Transmittal

EXTENSION OF ASSIGNMENT AGREEMENT UNDER THE INTERGOVERNMENTAL PERSONNEL ACT (Numbered Items match Initial Agreement Information Blocks)

Assignee's Name _____ 3. Social Security # _____

Federal Agency Co-Sponsor _____

Non-Federal Agency Co-Sponsor _____

5.A. Previously Approved Assignment Period: From: _____ To: _____

5-B. Proposed Period for Extension: From: _____ To: _____

1-B. Reason assignment was not completed in initially approved period: why extension is proposed:

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

*Annual Salary (or monthly salary annualized)

*Annual Employee Benefit Cost (retirement, etc.)

Total Annualized Salary & Benefit Costs

**Length of Assignment Multiplier

Salary and Benefit Cost over Assignment Period

***Federally Authorized Relocation Expenses

Pre-Assignment Calculation of Assignment Cost

Salary and benefit cost arbitrarily those as of the first day of the proposed extension (adjustments for changes in pay and benefits during the extension period are prescribed in Block 24 of the initial agreement unless modified in Item #32-B)

* Example: 2 year would be: X2 8 months would be: X.67 1 full year would be: X1

**Return trip expenses to be based on costs as of the first day of the extension period

7-B. Demonstration of Need for Variance Approval

Federal Non-Federal

Fit Ratio (last line from Block 26 of Initial agreement)

_____/____

Cost-sharing Commitments of Extension (last line of Item 27-A above)

_____/____

____ Federal costs are the same or less than estimated Federal benefit (go to Item #32-B)

____ Federal costs exceed estimated Federal benefit

____ Variance approval not required as explained in Block 27-B of Initial agreement

____ Justification for variance explained in Block 27-B of Initial agreement

____ Other justification:

7-C. Benefit Ratio/Cost-Sharing Ratio Variance Approval: ____required (Item 45) ____ not required

2-B. 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 the extension period:

_____/____/____
35. Signature of Assignee Date

_____/____/____
37. Signature of OPDIV Endorser Date

38. Title _____

_____/____/____
39. Signature of authorizing Non-Federal Official 41. Date

_____/____/____
40. Signature of Authorizing HHS Official 42. Date

43. Typed or Printed Name and Title:

44. Typed or Printed Name and Title:

45. Signature of ADDITIONAL APPROVING OFFICIAL: ____ required ____ not required

_____/____/____
Signature

Typed or Printed Name and Title