Department of Health and Human Services
National Institutes of Health
Intergovernmental Personnel Act Program Checklist

Assignee Name:		IC:	
CONFIRM ELIGIBILITY FOR THE IPA PROGRAM		**YES**	**NO**
1. **Is the employee in a career position for at least 90 days?** ▪ *Federal Employee in a career-conditional, career SES, or excepted service position in tenure group 1 or 2?* *OR* ▪ *Non-federal employee in a career (non-temporary) position?* Refer to Manual Chapter, 2300-334-1 - Assignments Under The Intergovernmental Personnel Act (IPA), to confirm eligible positions.		☐ Move to #2	☐ **STOP** the individual is not eligible for the IPA program.
2. **Is the non-federal organization from which the employee is selected eligible for the IPA program?** ▪ *State or local government* ▪ *Accredited U.S. 4-year college or university, or technical/junior college* ▪ *Indian tribal organization* ▪ *Federally funded R&D center* ▪ *Non-profit public organization*		☐ Move to #3	
3. **If the organization is a non-profit organization, is it certified?** To confirm if a non-federal organization is an approved organization, or to get one certified, please contact CPD.		☐ Move to #4	☐ **STOP** Contact CPD for guidance.
4. **Is the employee a U.S. citizen?**		☐ Move to #5	
5. **Is the employee being extended on the IPA assignment?**		☐ Move to #6	☐ Move to package creation.

6. **Has the employee worked on an IPA assignment for 4 consecutive years?**	☐ **STOP** the individual must take a 12-month break from the IPA Program	☐ If the individual is a *federal employee* move to #7 If a *non-federal employee* move to package creation.
7. **FOR FEDERAL EMPLOYEES ONLY – Will the proposed extension exceed the 6-year limitation for the NIH employee?**	☐ **STOP** the individual is not eligible for an extension in the program.	☐ Move to #8
8. **FOR FEDERAL EMPLOYEES ONLY – If detailed from NIH and they will be paid by the organization, is the salary the same as the assignee's regular pay?**	☐ Move to package creation.	☐ **STOP** Contact CPD for guidance.

CREATE IPA PACKAGE	COMPLETED
9. **Complete the IPA Financial Processing Cover Sheet.**	☐

10. **Complete the HHS-69 IPA Agreement form.**
 	
    ▪ *Does the IC and non-federal organization agree to the conditions of employment outlined on the form?*
    ▪ *Do the costs to NIH exceed the benefit NIH is receiving? If so, is a justification provided?*
    ▪ *Has the employee been consulted by ethics?*
    ▪ *Have all required signatures been received?*
	☐

11. **Obtain the employee's resume/CV.**	☐

12. **Submit IPA Package to CPD/Title 5 Staffing and Accountability Unit,** in the following order:
 	
    1. IPA Checklist
    2. IPA Financial Processing Cover Sheet
    3. HHS-69 IPA Agreement form
    4. Resume/CV
    5. Travel Worksheet, if applicable
	☐

***Note** – IPA packages must be approved <u>prior</u> to the assignee's start date.