

## Assignment Agreement

Title IV of the Intergovernmental Personnel Act of 1970 (5 U.S.C. 3371-3376)

## 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.

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

The term "State or local government," when appearing in this form, also refers to an institution of higher education, and Indian tribal government, and any other eligible organization.

Procedural questions on completing the assignment agreement form or on other aspects relating to the mobility program should be addresses to either mobility program coordinators in each Federal agency or to the staff of the Personnel Mobility Program is the U.S. Office of Personnel Management.

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

## PART 1 - NATURE OF THE ASSIGNMENT AGREEMENT

1. Check Appropriate Box

New Agreement

Modification

Extension

## PART 2 - INFORMATION ON PARTICIPATING EMPLOYEE

2. Name (Last, First, Middle)

Flintstone, Frederick Y.

3. Social Security Number

0001

4. Home Address (Street, City, State, Zip Code)

301 Cobblestone Way  
Bedrock, UT 84001

5.- A. Have you ever been on a mobility assignment?

 YES NO

5.- B. If "YES", date of each assignment (Month and Year)

From 10/2021

To 09/2023

## PART 3 - PARTIES TO THE AGREEMENT

6. Federal Agency (List office, bureau or organizational unit which is party to the agreement)

VHA Salt Lake City UT  
Research Service

7. State or Local Government (Identify the governmental agency)

University of Utah  
Health Science Center - Dept of Archaeological Medicine8. Is assignment being made through a faculty fellows program?  
If "YES", give name of the program. YES NO

## PART 4 - POSITION DATA

## A - Position Currently Held

9. Employment Office Name and Address (Street, City, State and ZIP Code)

Univ of Utah Health Science Center  
Dept of Archaeological Medicine  
30 N 1900 E Room 20000BC  
Salt Lake City, UT 84132

10. Employee's Position Title

Research Coordinator

11. Office Telephone Number  
(Include the Area Code)

(801) 867-5309

12. Immediate Supervisor (Name and Title)

Rock Slate, MD  
Professor

## B - Type of Current Appointment

13. Federal Employees (Check appropriate box.)

 Career Competitive Other (Specify):

Grade Level

14. State and Local Employees

State or Local Annual Salary

\$50,000.00

Original Date Employed by the  
State or Local Government (Month,  
Day, Year)

03/20/2000

## C - Position To Which Assignment Will Be Made

15. Employment Office Name and Address (Street, City, State and ZIP Code)

VHA Salt Lake City GRECC  
500 Foothill Blvd  
Salt Lake City, UT 84148

16. Assignee's Position Title

Research Coordinator

17. Office Telephone Number  
(Include the Area Code)

(801) 555-1212

18. Immediate supervisor (Name and Title)

Barney Rubble, PHD  
Principal Investigator

**PART 5 - TYPE OF ASSIGNMENT**

19. Check Appropriate Boxes

- On detail from a Federal agency
- On leave c from a Federal agency
- On detail to a Federal agency
- On appointment in a Federal agency
- Full Time
- Part Time
- Intermittent

20. Period of Assignment (Month, Day, Year)

From	To
10/01/2023	09/30/2024

**PART 6 - REASON FOR MOBILITY ASSIGNMENT**

21. Indicate the reasons for the 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.

Mr. Flintstone will provide support to the VA GRECC in the following areas:

1. Will provide project management support and VA access to the University of Utah data system and support the VA in its program to evaluate how the data. This is a part-time (50%) assignment from 10/01/2023 - 09/30/2024.

2. Mr. Flintstone has experience working closely with both investigators and data managers, making him ideal for the position as project manager. He will provide management support for the data management team, including: meetings (schedule, run, take minutes, follow-up), planning workshops, data management efforts (tracking, planning, forecasting), and records management (IPAs, training, UU budget tracking). This is a part-time (50%) assignment from 10/01/2023 - 09/30/2024.

This is a full-time (1 FTE) assignment. The employee will spend 100% of their time on the mobility assignment based on a 40-hour work week equal to 100%. After completion of this assignment, Mr. Flintstone will return to their normally-assigned University of Utah duties. Appointment with the University of Utah is non-temporary and without time-limit.

**PART 7 - POSITION DESCRIPTION**

22. List the major duties and responsibilities to be performed while on the mobility assignment.

1. Mr. Flintstone will provide provide project management support and VA access to the University of Utah data system. As directed by PI, Mr. Flintstone will assist VA in collaborations with Department of Defense safety efforts for legacy and future data programs.
2. Duties will include working collaboratively within a large-scale research team to schedule meetings, plan workshops, and support data management efforts.

**PART 8 - EMPLOYEE BENEFITS**

23. Rate of Basic Pay During Assignment

BASE \$50,000 + OPE (31%) 15,500 = TOTAL 65,500\*\*

24. Special Pay Conditions (Indicate any conditions that could increase the assigned employee's compensation during the assignment period)

Pay raises consistent with Univ of Utah Employees

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

Per University of Utah guidelines.

OR

University leave provisions will apply. The University will be responsible for maintaining time and attendance records for exempt employees. The Kronos online system is the Time Reporting System used for submitting employee hours to payroll. The Kronos system requires immediate supervisor approval as well as the Department/Division of \_\_\_\_\_ approval for time sheets. The University of Utah maintains an Employee Compensation Program under Title VII of the Civil Rights Act, the Equal Pay Act, the Fair Labor Standards Act, and other Federal, State, and University regulations in accordance with HR Policy 5-401: Staff Compensation and HR Policy 5-301: Vacation Leave Policy. Employees' hours of operations will typically be 9:00 AM - 5:00 PM, Monday through Friday and will allow for out of operational hours as needed.

**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.)

Period: 10/1/2023-9/30/2024 Effort: 100%  
Salary: \$50,000 + (July adjustment \$ if applicable)  
Benefits: \$15,500 + (July adjustment \$ if applicable)

**Travel:**  
Additional Compensation: (may be used for July adjustment)  
Add. Comp. Fringe Benefits:(may be used for July adjustment)  
Total Obligation: \$65,500 (+ any adjustment amounts if applicable)  
The VA SLC Health Care System will reimburse the University of Utah for salary and benefits for the time period as outlined in this Agreement. The reimbursement will be made in the form of an electronic deposit to the University account listed below:

University of Utah  
Grants and Contracts Accounting  
201 S. Presidents Circle, Rm 406  
Salt Lake City, UT 84112-9020

27. **State or Local Government agency Obligations**

University of Utah Health Sciences Center will submit invoices electronically to the VA for performance of this Agreement by Fred Flintstone Such invoices may be submitted as often as once each month via the VA's Electronic Invoice Presentment and Payment System (IPPS), located at <http://www.tungsten-network.com>. To establish an account, or find help submitting invoices, refer to <http://www.fsc.va.gov/einvoice.asp>. Each invoice must contain (1) period of performance; (2) salary and applicable fringe benefits cost; and (3) percentage of time spent in performance of the agreement by Fred Flintstone during a period covered by this Agreement. Period(s) covered should not exceed three (3) months.

Reference: IPA- Flintstone

**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 applicable.**

A. Federal Employees Group Life Insurance

Covered  N/A

B. Federal Civil Service Retirement system or federal Employees Retirement System

Covered  N/A

C. Federal employee Health Benefits

Covered  N/A

31. **State or Local Agency Benefits** (Indicate all State employee benefits that will be related by the State or local agency employee being assigned to a Federal agency. Also include a statement certifying coverage in all State and local employee benefit programs that are elected by Federal employee on leave without pay from the Federal agency to a State or local agency.)

Normal for University of Utah employees

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

Normal for University of Utah employees.

**PART 12 - TRAVEL AND TRANSPORTATION**

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 3344 of the Federal Personnel Manual, and (2) which travel and relocation expenses will be included.

1. **NONE.**

OR

2. Mr. Flintstone will likely be asked to represent VA data at select research and/or health conferences across the nation. He will also be asked to travel to Salt Lake City to meet with VA leadership and project leaders on a quarterly basis. His travel will be booked in the VA's Concur system, and he will be advised to follow Federal travel policies.

OR

3. GRECC will pay for travel and transportation with the approval of the Director of GRECC, up to \$1,500..

- Travel and Transportation allowances include Airfare, Lodging, Meals and Incidental expenses, Mileage to and from the Airport, Parking, taxi and shuttle as allowed by law.
- Travel reimbursement will be part of the invoice, if necessary where approved.

**PART 13 - APPLICABILITY OF RULES, REGULATIONS AND POLICIES**

34. **Check Appropriate Boxes.**

- A. The rules and policies governing the internal operation and management of the agency to which my assignment is made under this agreement will be observed by me.
- B. I have been informed that my assignment may be terminated at any time at the option of the Federal agency or the State or local government.
- 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 ( <i>Name of Organization</i> )	36. Date ( <i>Month, Day, Year</i> )
VA SLC Health Care System	From 10/01/2014 To 09/30/2015
37. Signature of Assigned Employee	38. Date of Signature ( <i>Month, Day, Year</i> )

**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 in to 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 agreement was entered into or a position of like seniority, status pay.

State or Local Government Agency	Federal Agency
39. Signature of Authorizing Officer	40. Signature of Authorizing Officer
41. Date of Signature ( <i>Month, Day, Year</i> )	42. Date of Signature ( <i>Month, Day, Year</i> )
43. Typed Name and Title Brent Brown Office of Sponsored Projects, University of Utah	44. Typed Name and Title Lisa Porter Director, HRL&E Salt Lake City Utah Dept of Veterans Affairs

**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 personal and financial transactions, to identify you when requesting information about you, e.g., from prior employers, educational institutions, or law 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 by 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.