

# NIH Intergovernmental Personnel Act Program Checklist – Appendix 5

## 1. Employee Name:

- Federal Employee  Non-Federal Employee > 90 days in a Career position
- Career/career conditional
- Career SES
- Equivalent Excepted Service
- Presidential Management Intern

If no, **STOP** HERE. The individual is **not eligible** for the IPA program.

## 2. IC

### 3. Non-Federal Organization: (Name and Address)

State or local government,  accredited U.S. 4-year college or university, or technical/junior college,  Indian tribal organization,  federally funded R&D center, or  a non-profit public organization

If no, **STOP** HERE. The organization is **not eligible** for the IPA program.

### 3.a. If the organization is a non-profit organization, is it certified? Yes No

If no, **STOP** HERE. Request organization's letter of certification **or** articles of incorporation, bylaws, and IRS non-profit statement and forward to OHR/DWM for review, Bldg. 31, Room B3C08.

If no, **STOP** HERE. The organization is **not eligible** for the IPA program.

### 4. Assignment Type: Detail Appointment

5. Is the assignment adequately described?  Yes  No
- a. Does it meet one or more program objectives?  Yes  No

### 6. Duty Station: NIH \_\_\_\_\_ Other \_\_\_\_\_ Duty station location:

### 7. Work Schedule: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Intermittent \_\_\_\_\_

### 8. Dates of Appt./Ext. New \_\_\_\_\_ Ext 1 \_\_\_\_\_ Ext 2 \_\_\_\_\_

### 9. Total Amount of Service on IPA to date \_\_\_\_\_ Years \_\_\_\_\_ Months

#### a. Has the employee worked on an IPA assignment for 4 consecutive years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, **STOP** HERE. They must return to their home organization for at least 12 months. You **may not proceed** with this assignment.

### 10. Will this proposed assignment exceed the 6-year limitation for the NIH employee?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, **STOP** HERE. You may **not proceed** with this assignment.

### 11. Are all appropriate signatures present? Yes \_\_\_\_\_ No \_\_\_\_\_

### 12. Was the agreement approved before the agreement began? Yes \_\_\_\_\_ No \_\_\_\_\_

### 13. What percentage of salary and compensation is NIH paying? \_\_\_\_\_% of Salary \_\_\_\_\_ % of Compensation

### 14. Do the costs to NIH exceed the benefit NIH is receiving? If so, is a justification provided? Yes \_\_\_\_\_ No \_\_\_\_\_

### 15. If detailed from NIH, is salary the same as the assignee's regular pay? Yes \_\_\_\_\_ No \_\_\_\_\_

### 16. Are there any inappropriate benefit reimbursements (i.e., tuition)? Yes \_\_\_\_\_ No \_\_\_\_\_

(Reviewer's Name) (Date)