

JPA ASSIGNMENT BETWEEN YALE UNIVERSITY AND THE VA CONNECTICUT RESEARCH AND EDUCATION FOUNDATION

INSTRUCTIONS

This agreement constitutes the written record of the obligations and responsibilities of the parties to a temporary assignment.

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 (<i>Last, First, Middle</i>)	3. Social Security Number
4. Home Address (Street, City, State, Zip Code)	5.- A. Have you ever been on a mobility assignment? <input type="checkbox"/> YES <input type="checkbox"/> NO
5.- B. If "YES", date of each assignment (<i>Month and Year</i>) From _____ To _____	

PART 3 - PARTIES TO THE AGREEMENT

6. Non-Profit Foundation VA Connecticut Research and Education Foundation Bldg. 35A Room 104 950 Campbell Ave, West Haven, CT 06516	7. State or Local Government (<i>Identify the governmental agency</i>) Yale University, School of Medicine New Haven, CT 06510
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8. 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)	10. Employee's Position Title	11. Office Telephone Number (Include the Area Code)
12. Immediate Supervisor (<i>Name and Title</i>)		

B - Type of Current Appointment

13. Yale Employees (<i>Check appropriate box.</i>)	14. State and Local Employees						
<input type="checkbox"/> Career Competitive <input type="checkbox"/> Other (<i>Specify</i>): N/A	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Grade Level</td> <td style="width: 50%;">Yale Annual Salary</td> </tr> <tr> <td style="text-align: center;">N/A</td> <td style="text-align: center;">\$</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Original Date Employed by Yale University (<i>Month Day, Year</i>)</td> </tr> </table>	Grade Level	Yale Annual Salary	N/A	\$	Original Date Employed by Yale University (<i>Month Day, Year</i>)	
Grade Level	Yale Annual Salary						
N/A	\$						
Original Date Employed by Yale University (<i>Month Day, Year</i>)							

C - Position To Which Assignment Will Be Made

15. Employment Office Name and Address (<i>Street, City, State and ZIP Code</i>) VA Connecticut Research and Education Foundation Bldg. 35A Room 104 950 Campbell Ave, West Haven, CT 06516	16. Assignee's Position Title	17. Office Telephone Number (Include the Area Code) 203-932-5711
18. Immediate supervisor (<i>Name and Title</i>)		

PART 5 - TYPE OF ASSIGNMENT

19. Check Appropriate Boxes

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

- On detail from a Federal agency
- On leave c from a Federal agency
- On detail to a Non Profit/ Federal agency
- On appointment in a Federal agency

- 100% Full Time
 Part Time
 Intermittent

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

From To

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.

PART 7 - POSITION DESCRIPTION

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

Tour of Duty
Campus

PART 8 - EMPLOYEE BENEFITS

23. Rate of Basic Pay During Assignment

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

Cost of living & merit increase per Yale guidelines

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.*)

Yale University employee benefits will remain in effect.
Time and attendance will be monitored by Yale University.

PART 9 - FISCAL OBLIGATIONS

Identify, where appropriate, the office to which invoices and time and attendance records should be sent.

26. VACREF Obligations

A: FTE %

B; Base Salary

C:Fringe Rate

D: Fringe Cost

E: Total Obligation

F: Monthly Bill Rate

27.

Send invoices to:

Mary Rauschenberg
VA Connecticut Research and Education Foundation
Bldg. 35A Room 104
950 Campbell Avenue
West Haven, CT 06516

Mary.rauschenberg@va.gov

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. Benefits

Yale University Benefits will remain in effect.

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

None

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.

None

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 Non-profit 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.
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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 Connecticut Healthcare System (West Haven Campus)	From	To
37. Signature of Assigned Employee	38. Date of Signature (<i>Month, Day, Year</i>)	
39. Signature of VA Supervisor	40. 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 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.

Yale University	VA Connecticut Research and Education Foundation
41. Signature of Authorizing Officer	42. Signature of Authorizing Officer
43. Date of Signature (<i>Month, Day, Year</i>)	44. Date of Signature (<i>Month, Day, Year</i>)
45. Typed Name and Title Jill Ely Director, Research Administration, YSM Finance & Administration	46. Typed Name and Title

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.