

# ARS □ CSREES □ ERS □ NASS

## *Policies and Procedures*

**Title:** Temporary Assignment Under the Intergovernmental Personnel Act (IPA)

**Number:** 422.2

**Date:** 5/19/93

**Originating Office:** Personnel Division  
National Services Branch

**This Replaces:** 422.2 dated 3/24/82

**Distribution:** Headquarters, Areas, and Locations

This Directive covers the temporary assignment of employees between ARS and States, local governments, institutions of high education, Indian Tribal governments, or other organizations under Title IV of the Intergovernmental Personnel Act of 1970, as amended.

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# 1. Summary

This DIRECTIVE covers the temporary assignment of employees between ARS and States, local governments, institutions of higher education, Indian Tribal governments, or other organizations under Title IV of the Intergovernmental Personnel Act of 1970, as amended.

Intergovernmental Personnel Act assignments are intended to facilitate Federal-State-local cooperation through the temporary assignment of skilled personnel. These assignments permit ARS employees to serve with eligible organizations for up to 2 years without loss of employee rights and benefits. Intergovernmental Personnel Act assignments similarly permit employees of eligible organizations to serve with ARS.

# 2. Abbreviations

- ABFO - Area Budget and Fiscal Officer
- BFSB - Budget and Fiscal Services Branch, FMD
- DPM - Departmental Personnel Manual
- FMD - Financial Management Division
- FPM - Federal Personnel Manual
- IPA - Intergovernmental Personnel Act
- NSB - National Services Branch, PD
- OPM - Office of Personnel Management
- PD - Personnel Division

# 3. Forms

AD-490 - Assignee Evaluation of Mobility Assignments Under Title IV of the Intergovernmental Personnel Act of 1970

OF-69 - Assignment Agreement

OF-69 - Assignment Agreement Part IX Fiscal Obligation Supplement Sheet (Local Reproduction)

SF-52 - Request for Personnel Action

OPM Form

1161 - Certificate of Recognition

## 4. Authorities

5 U.S.C. 3371-3376

5 C.F.R. 334

FPM and DPM Chapters 334

## 5. Policy

ARS policy is to take full advantage of the IPA authority to foster work force diversity. Assignments, in addition to providing needed expertise, should be viewed as opportunities for the selected individuals to enhance their credentials. In particular, managers are encouraged to seek ways of using the IPA authority to strengthen relationships with the 1890 Land Grant Institutions, and other historically Black Colleges and Universities, those institutions in partnership with the Department under the Agriculture-Hispanic Association of Colleges and Universities Memorandum of Understanding, and Indian tribal governments.

## 6. Delegations

The Administrator has the authority to sign the OF-69 (Exhibit 1). However, under the following circumstances, Departmental clearance must be obtained prior to implementation of the IPA:

- An assignment longer than 2 years is initially anticipated or an extension beyond 2 years is later requested;
- ARS is paying more than 50 percent of the allowable costs (except under the conditions outlined in Section 8, Reimbursement); or
- The assignment involves a Senior Executive or Senior Level position.

## 7. Responsibilities

**The Administrator** signs all initial agreements, modifications or extensions.

**The Director, PD** ensures that a program is established for managing IPAs according to FPM and DPM requirements and approves major changes to the program.

**NSB, PD** provides advice and guidance for IPA, as well as coordinating the approval process.

**Agency Managers** make the initial determination of common interest with the eligible organization and the individual considered for IPA assignment and negotiate the details of the agreement.

**ABFO (for field organizations) or the BFSB, FMD (for headquarters organizations)** reviews the assignment cost arrangements and billings from the non-Federal entity and approves payment.

## **8. IPA Provisions**

### **Assignments**

- IPA assignments are management initiated, either by ARS or by the non-Federal entity. However, such assignments are voluntary and must be agreed to by the employee.
- Each assignment must be made for purposes determined to be of mutual concern and benefit to ARS and the eligible organization. An assignment should be examined to ensure that it is for sound public purposes and furthers the goals and objectives of the participating organizations.
- Assignments may involve program areas, as well as administrative functions. However, the DPM prohibits assignments to and from positions performing routine work.

### **Reimbursements**

- Cost-sharing arrangements for IPAs are negotiable between ARS and the non-Federal entity.
- OPM and DPM guidelines state that cost-sharing arrangements should be based on the extent to which the participating organizations benefit from the assignment. However, ARS may pay up to 100 per cent of the assignment costs when:
  - The assignment contributes to work force diversity goals, including institution building efforts, and
  - The non-Federal entity has inadequate resources to pay its proportional share.

### **Selection of Assignees**

- Identification and/or selection of assignees may occur at anytime during the process of

building an agreement, including preliminary discussions. There are no requirements for competition.

- Notwithstanding Section 8, Selection of Assignees, ARS is responsible to make positive efforts to ensure the pool of candidates from which IPA assignees are selected includes persons from underrepresented groups. Therefore, ARS managers are required to provide an explanation in writing on what recruiting efforts were undertaken and how these efforts support work force diversity. If no recruiting efforts were undertaken, the reasons why such efforts were not made should be cited.

### **Summary of Provisions**

Summaries of the basic provisions of IPA assignments are included as Exhibits 2 and 3.

## **9. Procedures**

### **Manager**

- Contact the appropriate servicing Personnel Specialist in PD to determine which personnel authority can best address program needs.
- Upon a conclusion that an IPA should be explored, contact the NSB for a discussion of the situation and determination that an IPA is appropriate. Follow up contact with an SF-52 (through normal channels) and brief narrative description of the proposed IPA assignment (not to exceed one page).

### **NSB**

- Provide the Manager with guidelines and instructions for pursuing the IPA, including a draft of the assignment agreements, OF-69, highlighted to indicate information to be supplied by the Manager.

### **Manager**

- If not accomplished earlier, confirm the interest of the non-Federal entity and the individual considered for the IPA assignment.
- Negotiate the terms of the IPA with the non-Federal entity in accordance with the instructions provided by the NSB.
- Contact the ABFO (for field organizations) or BFSB, FMD (for headquarters

organizations) for assistance in developing the assignment costs portions of the OF-69.

**ABFO or BFSB, FMD**

- Provide technical support in assuring the language of the OF-69 accurately reflects the assignment cost arrangements negotiated by the manager and the non-Federal entity. Also, review billings from non-Federal entity and approve for payment.

**Manager**

- Complete draft of the OF-69, assuring the document accurately reflects the understandings of all parties to the agreement. Send the completed draft to NSB.

**NSB**

- Review draft for completeness and consistency with regulation. Prepare OF-69 in final and send it to the Manager to obtain signatures from assignee and representatives of the non-Federal entity.

**Manager**

- Obtain necessary signatures and return forms to NSB.

**NSB**

- Obtain Administrator's signature on the OF-69 and, if necessary, submit the case to the Department for clearance.
- Upon final approval, notify Manager, and distribute copies of the signed OF-69 through channels. Complete SF-52 and ensure processing of appointment papers. Send copy of the OF-69 to OPM, and if not previously cleared by the Department, send copy of OF-69 to the Office of Personnel.

**Manager**

- Review billings from non-Federal entity and approve for payment.
- Within 30 days of the completion of the IPA assignment, ensure completion of the AD-490 (Exhibit 5) and send through supervisory channels to NSB.

## **NSB**

- Prepare OPM Form 1161 to recognize Federal employee who served on IPA assignment.

JANE L. GILES  
Deputy Administrator  
Administrative Management

### Exhibits

- 1 OF-69 - Assignment Agreement
- 2 OF-69 - Assignment Agreement Part IX Fiscal Obligations Supplement Sheet (Local Reproduction)
- 3 Synopsis of IPA Provisions for Assigning Federal Employees to State and Local Governments
- 4 Synopsis of IPA Provisions for Assigning of an Employee from a State or Local Government
- 5 AD-490 - Assignee Evaluation of Mobility Assignments Under Title IV of the Intergovernmental Personnel Act of 1970
- 6 OPM Form 1161 - Certificate of Recognition



OF 69 (Rev. 2-69)  
U.S. Office of Personnel Management  
FPM Chapter 334

### 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.

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

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

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

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

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**PART 1 - NATURE OF THE ASSIGNMENT AGREEMENT**

1. Check Appropriate Box

New Agreement       Modification       Extension

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**PART 2 - INFORMATION ON PARTICIPATING EMPLOYEE**

2. Name (Last, First, Middle) \_\_\_\_\_

3. Social Security Number \_\_\_\_\_

4. Home Address (Street, City, State, ZIP Code) \_\_\_\_\_

5. - A. Have you ever been on a mobility assignment?  
 YES       NO

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

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**PART 3 - PARTIES TO THE AGREEMENT**

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

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

8. Is assignment being made through a faculty fellows program?  
If "YES", give name of the program.       YES       NO

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**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 (Name and Title) \_\_\_\_\_

B - Type of Current Appointment

13. Federal Employees (Check appropriate box)

Career Competitive      Grade Level \_\_\_\_\_

Other (Specify): \_\_\_\_\_

14. State and Local Employees

State or Local Annual Salary \_\_\_\_\_

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

C - Position To Which Assignment Will Be Made

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

16. Assignee's Position Title \_\_\_\_\_

17. Office Telephone Number (Include the Area Code) \_\_\_\_\_

18. Immediate Supervisor (Name and Title) \_\_\_\_\_

Previous edition is usable 50 69 - 105

<b>PART 5 - TYPE OF ASSIGNMENT</b>											
<p>19. Check Appropriate Boxes</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><input type="checkbox"/> On detail from a Federal agency</td> <td style="width: 30%;"><input type="checkbox"/> Full Time</td> </tr> <tr> <td><input type="checkbox"/> On leave without pay from a Federal agency</td> <td><input type="checkbox"/> Part Time</td> </tr> <tr> <td><input type="checkbox"/> On detail to a Federal agency</td> <td><input type="checkbox"/> Intermittent</td> </tr> <tr> <td><input type="checkbox"/> On appointment in a Federal agency</td> <td></td> </tr> </table>	<input type="checkbox"/> On detail from a Federal agency	<input type="checkbox"/> Full Time	<input type="checkbox"/> On leave without pay from a Federal agency	<input type="checkbox"/> Part Time	<input type="checkbox"/> On detail to a Federal agency	<input type="checkbox"/> Intermittent	<input type="checkbox"/> On appointment in a Federal agency		<p>20. Period of Assignment (Month, Day, Year)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">From</td> <td style="width: 50%; border-bottom: 1px solid black;">To</td> </tr> </table>	From	To
<input type="checkbox"/> On detail from a Federal agency	<input type="checkbox"/> Full Time										
<input type="checkbox"/> On leave without pay from a Federal agency	<input type="checkbox"/> Part Time										
<input type="checkbox"/> On detail to a Federal agency	<input type="checkbox"/> Intermittent										
<input type="checkbox"/> On appointment in a Federal agency											
From	To										
<b>PART 6 - REASON FOR MOBILITY ASSIGNMENT</b>											
<p>21. Indicate the reasons for this 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.</p>          											
<b>PART 7 - POSITION DESCRIPTION</b>											
<p>22. List the major duties and responsibilities to be performed while on the mobility assignment.</p>          											
<b>PART 8 - EMPLOYEE BENEFITS</b>											
<p>23. Rate of Basic Pay During Assignment</p>	<p>24. Special Pay Conditions (Indicate any conditions that could increase the assigned employee's compensation during the assignment period)</p>										
<p>25. Leave Provisions (Indicate the annual and sick leave benefits for which the assigned employee is eligible. Specify the procedures for reporting, requesting and recording such leave.)</p>											
<p>Page 2</p>											

**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.)
27. State or Local Government Agency Obligations

**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 retained 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 the Federal employee on leave without pay from the Federal agency to a State or local agency.)

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

**PART 12 - TRAVEL AND TRANSPORTATION EXPENSES AND ALLOWANCES**

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

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

34. Check Appropriate Boxes

- |   |   |
|---|---|
| <input type="checkbox"/> 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.  | <input type="checkbox"/> D. I have been informed of applicable provisions should my position with my permanent employer become subject to a reduction-in-force procedure.   |
| <input type="checkbox"/> 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.   | <input type="checkbox"/> 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) |
| <input type="checkbox"/> 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. |   |

**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 (Name of Organization)	36. Date (Month, Day, Year) From _____ To _____
37. Signature of Assigned Employee	38. Date of Signature (Month, Day, Year)

**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 into 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 and pay.

State or Local Government Agency	Federal Agency
39. Signature of Authorizing Officer	40. Signature of Authorizing Officer
41. Date of Signature (Month, Day, Year)	42. Date of Signature (Month, Day, Year)
43. Typed Name and Title	44. 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, authorize 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 personnel and financial transactions, to identify you when requesting information about you, e.g., from prior employers, educational institutions, or law enforcement

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 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.

OF-69 ASSIGNMENT AGREEMENT  
PART IX FISCAL OBLIGATIONS  
SUPPLEMENT SHEET

NAME: \_\_\_\_\_

FOR FMD ASB ONLY:

SSN: \_\_\_\_\_

AGREE # \_\_\_\_\_

FY \_\_\_\_\_ FY \_\_\_\_\_

1. FINANCIAL DATA CODE CHARGEABLE

2. SALARY FOR ASSIGNMENT PERIODS

3. BENEFITS FOR ASSIGNMENT PERIOD

- a. \_\_\_\_\_ (\$ \_\_\_\_\_ per month) \_\_\_\_\_
- b. \_\_\_\_\_ (\$ \_\_\_\_\_ per month) \_\_\_\_\_
- c. \_\_\_\_\_ (\$ \_\_\_\_\_ per month) \_\_\_\_\_
- d. \_\_\_\_\_ (\$ \_\_\_\_\_ per month) \_\_\_\_\_
- e. \_\_\_\_\_ (\$ \_\_\_\_\_ per month) \_\_\_\_\_
- f. \_\_\_\_\_ (\$ \_\_\_\_\_ per month) \_\_\_\_\_
- g. \_\_\_\_\_ (\$ \_\_\_\_\_ per month) \_\_\_\_\_

TOTAL BENEFITS (OR SPECIFIC \_\_\_\_\_ % OF SALARY) \_\_\_\_\_

4. OTHER IPA AGREEMENT BILLED PAYMENTS

(e.g. reimbursement for consultant fees,  
outside teaching fees.)

\_\_\_\_\_

TOTAL SALARY BENEFITS AND OTHER COSTS

(2+3 a through g+4)

\_\_\_\_\_  
\_\_\_\_\_

FOR BUDGETING PURPOSES ONLY:

\_\_\_\_\_

1. Number of accompanying dependents: \_\_\_\_\_

2. Planned mode of travel: \_\_\_\_\_

3. Is movement of household goods planned? \_\_\_\_\_

NOTE: IF FEDERAL EMPLOYEE IS ON IPA ASSIGNMENT TO STATE OR LOCAL GOVERNMENT FOR A PERIOD OF 6 MONTHS OR MORE, AND THE FEDERAL GOVERNMENT IS PAYING 50 PERCENT OR MORE OF THE IPA COST, A JUSTIFICATION STATEMENT MUST BE ATTACHED TO THE IPA AGREEMENT.

SYNOPSIS OF IPA PROVISIONS  
FOR  
ASSIGNING FEDERAL EMPLOYEES TO STATE AND LOCAL GOVERNMENTS

<b>Topic</b>	<b>IPA LWOP</b>	<b>IPA Detail</b>
General Rules	Employee takes LWOP. Treated like an employee of system under which appointed, except may retain Federal retirement coverage, health benefits and life insurance.	Treated as a Federal employee.
Funding	Federal entity may make reimbursement for all or none of non-Federal entity's expenses.	May obtain reimbursement from non-Federal entity for all or none of Agency's expenses.
Appointing procedures	Employee placed under an appointment by non-Federal entity.	Placed on detail to non-Federal position.
Base Salary	Paid directly by non-Federal entity which follows its own	Continues to be paid by Agency.
Special Salary Provisions	Agency must make a supplemental payment if non-Federal salary is less than that of the Federal position.	May receive a supplemental payment from non-Federal entity if salary is more than Federal one.
Salary Changes	Receives full service credit for WGI's and annual pay adjustments.	Governed by Federal pay rules for permanent position.
Holiday and Leave Provisions	Follows non-Federal entity's policies.	Follows Federal leave and holidays provisions. May be excused for non-Federal holidays.
Fringe Benefits	May retain Federal benefits only if payment is made for them. May not receive both Federal and non-Federal disability retirement payments for same period.	Retain Federal benefits.
Transp. and Relocation Costs	Federal agency may pay travel, per diem and/or relocation costs to employee for costs of changing duty station.	Same as for LWOP.

SYNOPSIS OF IPA PROVISIONS  
FOR  
ASSIGNMENT OF AN EMPLOYEE FROM A STATE OR LOCAL GOVERNMENT

<b>Topic</b>	<b>PA Appointment Provisions</b>	<b>IPA Detail Provisions</b>
General Rules	Employee resigns non-Federal Position. Treated like a Federal employee except for retirement, health benefits and life insurance.	Not treated as a Federal employee except for tort claims.
Funding	May obtain reimbursement from none of its expenses.	May obtain reimbursement non-Federal entity for all or from Federal entity for all or none of its expenses.
Appointing procedures	Placed under a Federal appointment excepted by law.	Remains on roles of entity providing person.
Base Salary	Paid by Federal entity directly to employee and follows Federal pay setting rules.	Paid by detailing entity and set by its rules.
Special Salary Provisions	Eligible for salary above the minimum rate based on superior qualifications.	Federal entity must pay a supplemental salary if Federal position is classified and the non-Federal salary is less than the salary called for by the duties of the position. No other salary is authorized.
Salary Changes	Eligible for WGI's and annual pay adjustments.	Governed by rules of detailing entity.
Holiday and Leave Provisions.	Eligible for all Federal leave and holiday benefits.	Follows leave and holidays provisions of detailing entity. May be excused for Federal holidays not observed under detailee's system.
Fringe Benefits	Generally, not entitled to any Federal fringe benefits. Under certain circumstances may allow enrollment in FEHBA or pay employer's portion of non-Federal benefits plans. Is covered by Social Security only to extent previously covered by permanent employer.	Retains fringe benefits of detailing entity.
Transp. and Relocation Costs	Federal agency may pay travel, per diem and/or relocation costs to employee for costs of changing duty station.	Same as for appointee.

UNITED STATES DEPARTMENT OF AGRICULTURE ASSIGNEE EVALUATION OF MOBILITY ASSIGNMENTS UNDER TITLE IV OF THE INTERGOVERNMENTAL PERSONNEL ACT OF 1970		
<b>INSTRUCTIONS</b>		
Complete an original and two copies of this form. Send the original to the authorizing State Official, one copy to the Personnel Office of the authorizing USDA agency, and one copy to the Office of Personnel for the Department.		
<b>I - GENERAL INFORMATION</b>		
1. NAME OF ASSIGNEE	2. PERIOD OF ASSIGNMENT (From and To)	
3. POSITION TO WHICH ASSIGNED	4. OFFICE OF ASSIGNMENT	4A. LOCATION OF ASSIGNMENT
<b>II - TO BE COMPLETED BY ASSIGNEE</b>		
1. EXPLAIN THE ACCOMPLISHMENTS OF THE ASSIGNMENT		
2. TO WHAT DEGREE DID THE ACCOMPLISHMENTS ACHIEVE THE STATED GOALS AND OBJECTIVES OF THE ASSIGNMENT?		
3. WHAT PROBLEMS DID YOU ENCOUNTER AND HOW CAN THEY BE ELIMINATED FROM FUTURE ASSIGNMENTS?		
4. HOW CAN THE QUALITY OF ASSIGNMENTS AND THE MOBILITY OF PERSONNEL UNDER THE INTERGOVERNMENTAL PERSONNEL ACT BE IMPROVED?		
5. WHAT ADDITIONAL ASSIGNMENTS ARE NEEDED TO FURTHER THE PROGRAMS OF THE STATE AND OR USDA?		
6. OTHER COMMENTS AND RECOMMENDATIONS. (Use supplemental sheets if needed.)		
ASSIGNEE'S SIGNATURE		DATE (Month, Day, and Year)
FORM AD-190 (Revised 10-77)		



III - TO BE COMPLETED BY SUPERVISOR

1. EXPLAIN OBJECTIVE OF THE MOBILITY ASSIGNMENT.

2. TO WHAT DEGREE DID THE ACCOMPLISHMENTS ACHIEVE THE STATED OBJECTIVE OF THE ASSIGNMENT?

3. IF OBJECTIVE AND GOALS WERE NOT ACHIEVED FULLY, WHAT FACTORS WERE RESPONSIBLE?  
(Check one)

- 1. \_\_\_\_\_ ASSIGNMENT HAD TO BE TERMINATED EARLY.
- 2. \_\_\_\_\_ INSUFFICIENT TIME TO COMPLETE ASSIGNMENT.
- 3. \_\_\_\_\_ DUTIES WERE BEYOND THE CAPABILITIES OF THE ASSIGNEE.
- 4. \_\_\_\_\_ UNANTICIPATED PROBLEMS OR TASKS TOOK PRECEDENCE OVER ORIGINAL DUTIES.
- 5. \_\_\_\_\_ OTHER (Specify) \_\_\_\_\_

4. HOW DO YOU FEEL THE ASSIGNMENTS AND THE MOBILITY OF PERSONNEL UNDER THE IPA PROGRAM COULD BE IMPROVED?

SUPERVISOR'S SIGNATURE

DATE (Month, day, and year)

FORM AD 490 (Revised 10-77)  
Rev. 1-82

