**VAMHCS HRMS IPA WORKSHEET - TERMINATION**

**All IPA terminations must be documented in writing and forwarded to HRMS with this worksheet.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service Submitting Request:** | | **Service Contact Person:** | | | |
| **Contact Phone Number:** | | **Contact Email Address:** | | | |
| **Name of IPA Employee:** | | | | | |
| **Start Date of IPA:** | **Final End Date of IPA:** | | **Final Salary Requested:** | | |
| **VA Obligation Number(s):** | | | | | |
| **Full Project Name/Grant IPA Was Assigned To:** | | | | | |
| **Reason For Termination:** | | | | | |
|  | | | | | |
| **Has the Service notified the IPA Employee of the Termination?** *Include copy of notification.* | | | | Yes | No |
| **Has the Service notified Fiscal Services of the Termination?** *Include copy of notification.* | | | | Yes | No |
| **Will the IPA Employee continue work on another VA funded project? If yes, list project(s):** | | | | Yes | No |

**Final Salary Information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Annual Salary | Percent Effort | Salary Requested | Fringe Rate | Fringe Requested | Total |
| Year 1 |  |  |  |  |  |  |
| Year 2 |  |  |  |  |  |  |

**Submitting Service Chief/Clinical Center Director’s name, signature, and date.**

I certify that the IPA Agreement will end as indicated above and all services have been notified:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Certification of the HRMS Reviewer:**

I certify the IPA Agreement will end as noted and all parties have been notified of termination:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**Certification of the Chief, Human Resources Management Service, VA Maryland Health Care System:**

I certify the IPA Agreement has been terminated according to VA Handbook 5005/32:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

VAMHCS IPA Termination Worksheet 05/09/16