

# Interpersonnel Agreement (IPA)

Note: BU's Proposal Summary Form (PSF) is not suitable for IPA actions.

## PRINCIPAL INVESTIGATOR | PROJECT DIRECTOR

Last Name	First Name	Email	Lead Unit
Lead Unit Number	Department	School	

## PARTICIPATING EMPLOYEE

Last Name	First Name	Email	Phone Number
Cost Center Name	Cost Center Number	Department	School
Employee Status:	Faculty	Staff	

## ADMINISTRATIVE CONTACT

Last Name	First Name	Email
-----------	------------	-------

## PROPOSED TIMELINE & AGREEMENT INFORMATION

Funding Agency (if VA, specify location)	Transaction Type	Internal SAP Grant Number (if applicable)
--	------------------	---

## PROPOSED TIMELINE

Cannot be more than 12 months.

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Total number of months required	Total number of months of service on IPA since last break
-------------------------	-----------------------	---------------------------------	---

YES NO

Are all dates within the current 48 month cycle listed on Page 1 Box 5 of the IPA document?

How will this IPA benefit BU? Please justify below.

## BUDGET

MED	BOTH CAMPUSES	CRC	
Base Salary (\$)	<b>Payroll Deadline</b> (Date BU payroll data must be entered)	Base Salary (\$)	Summer Salary (\$)
Fringe Benefit Rate (%)		Fringe Benefit Rate (%)	Summer Fringe Benefit Rate (%)
Effort (%)		Effort (%)	Summer Effort (%)
Travel (\$)		Travel (\$)	
Total Compensation		Total Compensation	
	<b>Discretionary Source Number</b> *Will be charged if IPA is not executed in time for payroll, vacation payout is required, or other.		

## BUDGET CONTINUED

Are the following items included with this IPA request?

YES	NO	
		Signed I-9 Statement
		CV/Biosketch
		Declaration for Federal Employment (OF 306)
		Signed IPA Agreement

## PROPOSED TIMELINE & AGREEMENT INFORMATION

By signing and accepting this IPA, you accept and understand that the BU department is responsible for all HR issues related to this employee.

Participating Employee Date

Principal Investigator Date

Department Chair Date

Dean Date