



# MOU Template for Detail from a Federal Agency to USAID

An Additional Help Document for ADS 432

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Responsible Office: OHR  
File Name: 432saa\_060712

**Memorandum of Understanding for Detail  
Between the U.S. Agency for International Development  
and the [name of Federal Agency]**

The U.S. Agency for International Development (USAID) and the [name of Federal Agency] hereby enter into an agreement for the temporary detail of [name of employee] from [name of Federal Agency] to USAID. This detail shall be made on a reimbursable basis [or non-reimbursable or partially reimbursable, as appropriate] in accordance with the provisions set forth herein.

**1. PURPOSE:**

[Describe the purpose of the assignment and any background in a paragraph or two]

**2. SCOPE OF WORK:**

**A. Duties and Responsibilities of the Detailee**

During the period of the detail, [name of employee] will be detailed from [his/her] present position as [insert position title] at [name of Federal Agency] to a set of unclassified duties as [insert title of USAID assignment/position] at [insert USAID Bureau/Office]. The detailee's duties and responsibilities will include:

[Add bullets for specific duties]

**B. Controls over Work**

The detailee will report to [insert name of USAID supervisor] for the duration of this assignment.

**3. DURATION, EXTENSION, AND TERMINATION OF ASSIGNMENT:**

A. This assignment is for the period beginning [insert date] and ending [insert date].

B. This agreement may be amended, extended, or terminated by mutual consent of both parties, with reasonable notice to the Detailee. The desire for such activity by either party should be declared in writing at least one month in advance of the effective date for such action.

C. An extension must be documented as an amendment and personnel action, as appropriate.

D. At the conclusion of the detail, [name of detailee] will return to [his/her] position of record with [name of federal agency].

#### **4. RIGHTS AND BENEFITS:**

A. The workweek and hours of duty will be determined by USAID, subject to applicable federal regulations.

B. The detailee will continue to accrue annual and sick leave in accordance with [name of federal agency]'s provisions for Attendance and Leave. Use of leave will be approved by the USAID supervisor designated for the period of assignment. USAID will advise [name of federal agency] of any leave taken by submitting to [name of federal agency] approved time and attendance records on a bi-weekly basis. [Name of federal agency] will continue to maintain the Detailee's official time and attendance record. The detailee's supervisor at USAID, or designee, must sign all time and attendance records submitted.

C. The Detailee's coverage under federal retirement, group health benefits, life insurance, and Thrift Savings Plan (if applicable) will continue during the period of assignment. The Detailee's share of costs for such coverage will continue to be withheld from [his/her] salary. Payment of the employer's share of costs is indicated in 5a below.

D. USAID will provide a written performance evaluation report, in accordance with an agreed upon performance plan and in the format provided to USAID by [name of federal agency]. This evaluation report should reflect a rating of the Detailee's performance for the duration of the detail assignment for inclusion in [his/her] Annual Performance Appraisal Report at the end of the [name of federal agency] rating period. If the Detailee departs USAID before the end of the detail, USAID will complete an interim evaluation report.

#### **5. REIMBURSEMENT PROVISIONS:**

A. Salary and Fringe Benefits: [Name of federal agency] will continue to pay Detailee's annual salary of [insert amount], plus a payment for benefits calculated at [insert percentage] of the hourly rate based on this yearly salary [adjust calculation as needed]. USAID will reimburse [name of federal agency] based on a work schedule of eight hours per day for 52 weeks [adjust as appropriate] which will include salary, any federal benefits [he/she] accrues, and any additions for annual cost of living, merit increase, and federal or legislative pay adjustments.

B. Overtime or Other Special Charges: N/A

C. Method of Reimbursement: The [name of federal agency] will use the Intragovernmental Payment and Collection system on a quarterly basis to collect reimbursement of funds from USAID [adjust reimbursement method if needed].

#### **6. ESTIMATED COSTS:**

A. The total estimated cost of this assignment for [insert dates] is [insert amount]. The total cost could be adjusted at a later date via a modification of this agreement and subject to availability of funds.

B. The following is an estimated breakdown of the salary and benefits for the period [insert dates, by FY as appropriate]:

[Add figures supplied by partner agency]

## **7. RULES, REGULATIONS, AND POLICIES:**

A. The Detailee is subject to the Federal statutory and regulatory provisions that govern ethical and other standards of conduct, conflicts of interest, suitability, security, and limitations on political activity (18 U.S.C. 203, 205, 208 and 209, 5 CFR 73 and 5 CFR 1635); and to any applicable state and local government statutory and regulatory provisions.

B. The Federal tort claims statutes and any other Federal tort liability statutes shall apply to the Detailee.

C. The rules and policies that govern the internal operation and management of the gaining agency are applicable to the Detailee.

D. Travel, transportation and related allowances may be authorized only in accordance with the Federal Travel Regulations when such expenses will be funded (or reimbursed) by USAID. The Detailee will use USAID's e2 travel system for approval and reimbursement of all authorized travel expenses for travel undertaken on behalf of USAID.

## **8. SECURITY CLEARANCE:**

In order to have access to USAID, the Detailee is required to have a security clearance at the [insert level]. Security clearance requirements and procedures are detailed in the attachment [attach Security Requirements Attachment from SEC].

## **9. CONTACTS:**

[Add contacts for both agencies for Personnel Matters and Budget and Financial Matters]

## **10. SIGNATURES:**

**On behalf of USAID:**

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[insert name and title of HR Director]

Date:

On behalf of [**name of federal agency**]:

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[insert name and title of responsible official]

Date:

**Employee:**

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[insert name]

Date:

Acknowledged by:

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**Detailee's supervisor or bureau official-insert name and title**

Date:

ACCOUNTING DATA - Attachment to Reimbursable Agreement

USAID

|                             |                    |
|-----------------------------|--------------------|
| ALC (Agency Location Code): | xx-xx-xxxx         |
| TAS (Appropriation Symbol): | xxx -xxxx-xxxx-xxx |
| Fund code:                  | 2011/2012 OE-R     |
| DUNS:                       | xxxxxxxxxx         |
| EIN:                        | xxxxxxxxxx         |

DoD

Disbursing Station Symbols/ALC: xxxxxx  
Treasury Accounting Symbols: xx  
Fiscal Station Number: xxxxxx  
Appropriation Symbol: xxxx  
Program Code (Allot Serial Number): xxx  
Project Code: MIPRxxxxxxxxxx  
Object Class Code: xxxX  
Accounting Processing Code: xxxx  
Amount: \$xx,xxx.xx

FINANCIAL CONTACTS

USAID

|  
M/CFO/CMP-IPAC Unit  
SA-44435K  
Tel. 202-567-5202  
Fax.

DoD

Name: Doe, John, email: doe.john.civ@mail.mil  
Agency: HQ FORSCOM  
Address: 4700 Knox Street, Bldg. 8-1808  
City, State, Zip: Fort Bragg, NC 28310  
Phone: 910-xxx-xxxx  
Fax: