



## Justification of Joint Appointment Compensation

**Employee Name:**

**Position Title:**

**Project ID:**

**Supervisor:**

- 1. Briefly describe the employee's current VA role and responsibilities, including clinical, educational, administrative, and research activities.**

*Example:*

*VA Position: Clinical Research Nurse, Endocrinology, Full-Time (40 hours/week)*

*VA Work: Clinical - 25% effort. (Outline responsibilities.)*

*Research - 75% effort. (Outline responsibilities.)*

- 2. Briefly describe the employee's proposed VHF role and responsibilities, including clinical, educational, administrative, and research activities. (The same format in the above example applies.)**

- 3. Outline a detailed plan for performing VHF responsibilities outside of the VA tour of duty.**
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**I hereby acknowledge and agree to the following conditions:**

- I will not perform any VHF-funded activities that will require me to recuse myself from any VA activities that are part of my official VA duties.
- I will not perform any VHF-funded activities unless they are outside of my VA duties during non-VA duty hours.
- I understand that while performing any VHF-funded activities, I will still be subject to Federal statutes and regulations applicable to Federal employees with respect to conduct and conflicts of interest. Applicable Federal statutes and regulations include 18 U.S.C. sections 202 through 209, and Title 5, Code of Federal Regulations (CFR) part 2635.
- During the performance of VHF-funded activities, I will not convey any non-public VA information.
- The subject of the VHF-related activity will not significantly involve any matter to which I am presently assigned or to which I have been assigned by the VA or any VA policy, program or operation.
- I will not use or permit the use of my VA position or any authority associated with my position in a manner that could reasonable be construed to imply that VA sanctions or endorses my activities with VHF.
- I will not use or permit the use of my VA position or any authority associated with my position to endorse any product, service or enterprise.

**I certify that all of the information reported in this document is accurate.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (Printed)

**I certify that the time and salary commitment for VHF-approved activities is accurate.**

\_\_\_\_\_  
VHF CEO Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
VHF CEO Name (Printed)

Copy to:      VA Medical Center Director  
                  VA Human Resources

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