

COVID-19 Temporary Reassignment Program

Commonwealth of Virginia



Memorandum of Agreement

1. OVERVIEW

The COVID-19 Temporary Reassignment Program provides opportunities for state government employees to support the Commonwealth's Emergency Response activities during the COVID-19 health emergency. During this emergency, qualified current state government employees may be temporarily reassigned to close critical staffing gaps in Virginia state government.

2. PURPOSE

This Memorandum of Agreement (MOA) outlines the agreement for:

(the "*Participant*") to complete a temporary reassignment to:

(the "*Host Agency*") from

(the "*Home Agency*").

3. PERIOD OF AGREEMENT

The terms and conditions described are effective from to

4. SCOPE OF WORK/ASSIGNMENT

Position Title:

During this temporary reassignment, the participant will be responsible for:

5. ROLES & RESPONSIBILITIES

The Home Agency will:

- Maintain records for the participant, including official time and attendance, performance evaluations, and related formal discussions; coordinate with Host Agency regarding approvals of leave.
- Continue to provide the participants normal pay and benefits during the duration of the temporary reassignment.
- Remain actively engaged and proactively seek performance input from the host supervisor.
- Update the participants Employee Work Profile (EWP) to incorporate temporary reassignment.
- Be clear with the participant about how their performance will be evaluated during the temporary reassignment.
- Make arrangements to transition the participant's work during the temporary reassignment.
- Stay available to participant and continue to maintain all records.
- Support the participant's transition back to their home agency.
- Pay for any expenses for a participant reporting to the temporary assignment per agreement with Host agency.

The Host Agency will:

- Alert participant to any security requirements/procedures, conflicts of interest, confidentiality issues, etc.
- Provide a work space, equipment (including PPE if needed), building access, etc. required to achieve assignment objectives.
- Agree on work schedule and flexibilities.
- Be prepared to support the participant throughout the entire temporary reassignment.
- Conduct a helpful onboarding experience and needed training to accelerate the participant's ability to perform on the job.
- Ensure any needed licenses and/or certifications are appropriate and current for temporary assignment.
- Provide assignments, tasks, and duties based on the competencies and skills identified by the participant and the Home supervisor; and evaluate the participant's progress throughout the term of the temporary reassignment.
- Give frequent feedback/coaching to participant and supply performance review input to home supervisor and participant upon completion of the temporary reassignment.
- Pay for any expenses for a participant reporting to the temporary assignment per agreement with Home agency.

The Participant will:

- Ensure work transition and continuity in home agency.
- Complete the temporary reassignment.
- Work with host supervisor to develop a plan to maintain contact with the home agency (i.e. keep home supervisor informed of your progress, ensure home agency timekeeper is aware of leave taken, etc.).
- Participate in all activities related to detail assignment.
- Alert home agency supervisor if problems/issues occur.
- Be prepared to participate in a comprehensive evaluation of program.
- Document experience for individual professional use and as examples for those who follow.

6. BACKGROUND CHECK (IF APPLICABLE)

This agreement is contingent upon the participant's successful background check required to conduct work at the host agency.

7. FUNDING AND/OR REIMBURSEMENT

Home agency will need to consult with the host agency to address funding for expenses related to temporarily reassigned employees. Reimbursement for any costs will be based on written agreement between the home agency and host agency. The written agreement should note ways to limit cost and address shortfalls.

8. CONTACT INFORMATION

Please provide the contact information for home agency supervisor and host agency supervisor.

Home Agency Supervisor		Host Agency Supervisor	
Name		Name	
Address		Address	
Email		Email	
Phone		Phone	

8. SIGNATURES

The following individuals approve this detail assignment:

Participant Signature

Date

Home Agency Supervisor

Date

Home Agency Finance Signature

Date

Host Agency Supervisor Signature

Date

Host Agency Finance Signature

Date