

DETAILS FUNDING CERTIFICATION FORM

For Use With Internal Details Across Program Lines

(Details With The Same Funding Source Do Not Require The Use Of This Form)

Employee Name **Current Organization**

Current Title, Series, Grade, Step:

Detail Position Title, Series & Grade:

Salary: _____ **Any other Payments, Bonuses, Incentives, Benefits:** _____

Start Date: _____ **End Date:** _____ **From: Pay Period #** _____ **To: Pay Period #** _____

NOTE: Effective Dates must start and end at the beginning of the pay period. Assignment may not begin until all approvals are obtained.

TYPE OF ASSIGNMENT

- Reimbursable (Funds Must Be Available At The Time Of Agreement.)
- Non-Reimbursable (Please select reason below for non-reimbursement and attach a justification memo signed by GDAS or equivalent.)
- Training Assignment
 - Developmental Assignment
 - Assignment based on statutory exceptions

GAINING ORGANIZATION

 Program Office:

 Duty Location:

Accounting Information that funds will be transferred from:

Fiscal Year: _____ Fund: _____ Budget Org: _____ BOC: _____

I certify that the funds ARE available for reimbursement to the losing organization. (Complete this section if assignment will be made on a reimbursable basis).

 Budget Officer's Name (Please Print):

 Signature: _____ DATE: _____

 Assistant Secretary or Equivalent Name (Please Print):

 Signature: _____ DATE: _____

LOSING ORGANIZATION

Program Office: _____

Duty Location: _____

Accounting Information that funds will be transferred to:

Fiscal Year: _____ Fund: _____ Budget Org: _____ BOC: _____

Assistant Secretary or Equivalent Name (Please Print): _____

Signature: _____ DATE: _____

POLICY, PROGRAMS AND ADVISORY STAFF REVIEW & CONCURRENCE

Recommended Approval **Recommended Disapproval**

Name, Title (Please Print): _____

Signature: _____ Date: _____

Comments Required if recommending Disapproval: _____

HUMAN CAPITAL SERVICES/OCHCO DECISION

Approved **Disapproved**

Name, Title (Please Print): _____

Signature: _____ Date: _____

GAINING OFFICE: Upon Approval – e-mail this form to:

MARY.L.DOMINGUEZ@HUD.GOV
AND
SUZANNE.L.MARTINEZ@HUD.GOV

SENSITIVE INFORMATION: The information collected on this form is considered sensitive and is protected by the Privacy Act. The Privacy Act requires that these records be maintained with appropriate administrative, technical and physical safeguards to ensure security and confidentiality. In addition these records should be protected against any anticipated threats or hazards to their security or integrity which could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom the information is maintained.