Instructions – Personal Services Agreement
Institute for Medical Research (IMR) Sponsor Form

This form must be used for a Duke (non-faculty) employee who will be working at IMR for a short specified period of time, usually not longer than 12 months. Please refer to the following instructions when completing this form:

Enter the SPS number & WBSE number (if available) in the boxes provided in the upper right hand section of this form.

**Part I:** Check the appropriate box to indicate if this is a New Agreement, a Modification to an existing PSA agreement, or an Extension of an existing PSA agreement.

**Part II:** Box 1: Self-explanatory

*NOTE: The PSA is not an appropriate mechanism for Duke Faculty. Please consult with your assigned Research Administrator (RA) within the Office of Research Administration (ORA).*

**Part III:** This section pre-populated. No action required. *NOTE: If any information is incorrect, please contact your assigned Research Administrator (RA) within the Office of Research Administration (ORA).*

**Part IV:** Box 4: Self-explanatory.
Box 5: Self-explanatory.
Box 6: Enter information for the Duke Principle Investigator (PI), including name and title, and Duke Supervisor, if different than Duke PI.
Box 7: Self-explanatory.

**Part V:** Box 8: Self-explanatory.
Box 9: Enter the percent of the employee’s effort for this specific project.
Box 10: Enter the estimated total cost for the project, including General & Administrative (G&A) costs. Estimated total Cost = Projected Salary covering the period of proposed assignment (Box 16) * percent of effort (Box 9) * number of months (Box 16) plus G&A. *NOTE: This amount may include “projected” Duke increases.*
Box 11: Enter information for the IMR Principle Investigator (name and title).
Box 12: Enter the Prime Sponsor’s name (i.e., entity providing the funding).
Box 13: Enter the IMR/VA protocol number.
Box 14: Enter a brief description of the employee’s duties while working on this specific project.
Box 15: Pre-populated.
Box 16: Enter the proposed beginning and end dates for the term of the proposed assignment for this specific project.
Box 17: (a) Signature of IMR Principle Investigator. (b) Self-explanatory (c) Self-explanatory.
Box 18: (a) Signature of Duke University authorized representative (ORA). (b) Pre-populated (c) Self-explanatory.
Box 19: (a) Signature of IMR authorized representative. (b) Pre-populated (c) Self-explanatory.

Upon completion, attach the completed Personal Services Agreement along with the signed Duke Proposal Approval Form (DPAF) to the SPS record and route to PCA (Pending Central Approval).
Personal Services Agreement
Institute for Medical Research (IMR) Sponsor Form

Part I – Nature of the Service Agreement

[ ] New Agreement
[ ] Modification
[ ] Extension

Part II – Information on Participating Duke Employee (Non-Faculty Only)

1. Name (Last, First Middle)

Part III – Parties to Agreement – Name and Mailing Address

2. Sponsor: Institute for Medical Research
   Attn: Lorie Moll
   508 Fulton Street, VAMC 151
   Durham, NC 27705

3. Recipient of Funds: Duke University

Part IV – Position Data – Current (Duke)

4. Employee’s Duke Position Title: ______________________________
5. Current Annual Salary: $________________________
6. Duke Principal Investigator (PI) (Name & Title) & Duke Supervisor (Name & Title), if different than PI:
7. Total Cost of Annual Salary & Benefits: $________________________

Part V – Position Data – For Proposed Assignment (IMR)

8. Employee’s IMR Position Title: ______________________________
9. Percent Effort: ______________________________
10. Total Estimated Cost (Including G&A): $________________________
11. IMR Principal Investigator (Name & Title): ______________________________
12. Sponsor Name: ______________________________
13. IMR/VA Protocol Number: ______________________________
14. Brief Description of Employee’s Duties: ______________________________
15. Performance Site: IMR/VA
16. Period of Proposed Assignment: From ______________________________ To ______________________________

Part VI – Signatures

This written agreement constitutes the entire agreement between Duke University and Institute of Medical Research, Inc., for the temporary employment of the Participating Employee, and may not be changed without mutual written consent of both institutions. At the termination of the agreement, the employee’s effort expended on this temporary assignment will return to the position listed in Part-IV, Box #4. It is recognized that the Participating Employee has a Without Compensation (WOC) appointment with the VA, that the research in which they are participating under this agreement is approved by the VA, that the research in which they are participating under this agreement is approved by the VA, and that the Participating Employee’s performance under the Agreement will be under the supervision of VA personnel. Accordingly, the Participating Employee is covered under the Federal Tort Claims Act for services provided under this Agreement as stated in 38 U.S.C. 7364A.

THE FINAL INVOICE IS DUE WITHIN 60 DAYS AFTER THE END OF THE PERFORMANCE PERIOD

17a IMR Principal Investigator Signature ______________________________
17b Typed Name & Title ______________________________
17c Date ______________________________

18a Duke University Authorized Signature ______________________________
18b Typed Name & Title John Michnowicz
   Executive Director, ORA
18c Date ______________________________

19a IMR Authorized Signature ______________________________
19b Typed Name & Title Lorie Moll
   Executive Director
19c Date ______________________________