



CERTIFICATION REGARDING VMRF EMPLOYMENT WHILE ALSO SERVING AS A VA EMPLOYEE

Name of Employee:

Name of Principal Investigator:

VMRF Job Title:

I acknowledge that I have met with the VMRF Chief Executive Officer or his or her representative and reviewed the prohibitions placed on federal employees regarding salary supplementation or dual compensation. As a result of this discussion I understand that I may not receive payment for services that are part of my federal (VA) employment and that I may not perform any duties for VMRF during my VA tour of duty.

During this meeting we reviewed my VA Position Description and tour of duty as well as my proposed VMRF duties and hours to be worked to assure that there will be no supplementation in violation of Title 18 USC 209 and that my work tours for both VA and VMRF do not overlap. If my VA tour changes I will notify VMRF of the change.

Signature of Employee

Date

This certification is true and accurate for the position described.

Signature of Principal Investigator

Date