

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
**REQUEST FOR OVERSEAS STATION ALLOWANCES**

**FOR DCP USE**

**1. IDENTIFICATION**

A. NAME	B. GRADE	C. SOCIAL SECURITY NUMBER
D. DUTY STATION		E. DUTY PHONE NUMBER (Include Area Code)

**2. REPORTING DATA**

A. DATE DEPARTED LAST DUTY STATION	B. DATE ARRIVED CURRENT DUTY STATION
------------------------------------	--------------------------------------

**3. DEPENDENT DATA**

A. NUMBER OF DEPENDENTS ACTUALLY RESIDING WITH YOU IN THE OVERSEAS AREA \_\_\_\_\_

B. SPECIFY DEPENDENTS -- NAME, RELATIONSHIP, DATE OF BIRTH, AND DATE THEY ARRIVED AT THE OVERSEAS LOCATION.

NAME	RELATIONSHIP	DATE OF BIRTH	DATE OF ARRIVAL

C. ARE ANY OF THE INDIVIDUALS LISTED ABOVE MEMBERS OF THE UNIFORMED SERVICES?  
 YES  NO If "YES," specify below.

NAME	BRANCH OF SERVICE	SSN

D. DO YOU HAVE DEPENDENTS NOT RESIDING WITH YOU IN THE OVERSEAS AREA?  
 YES  NO If "YES," specify below.

NAME	RELATIONSHIP	DATE OF BIRTH	ADDRESS

E. IF YOU ARE MARRIED AND HAVE NOT LISTED YOUR SPOUSE AS A DEPENDENT IN ITEMS 3.B. OR 3.D., PLEASE EXPLAIN WHY SPOUSE IS NOT LISTED.

**4. TEMPORARY LODGING ALLOWANCE (TLA) DATA**

A. DID YOU APPLY FOR OR WERE YOU PAID TLA?  
 YES  NO If "YES," go to Item B. If "NO," go to Item 5.

B. (1) INCLUSIVE DATE OF TLA \_\_\_\_\_ - \_\_\_\_\_

(2) WAS TLA PAID AT THE FULL (HOTEL ACCOMMODATIONS WITHOUT COOKING FACILITIES) OR REDUCED (HOTEL ACCOMMODATIONS WITH COOKING FACILITIES) RATES?  FULL  REDUCED

**5. GOVERNMENT QUARTERS ASSIGNMENT DATA**

A. ARE YOU ASSIGNED GOVERNMENT QUARTERS?  
 YES  NO If "YES," go to Item B. If "NO," go to Item 6.

B. ON WHAT DATE WERE QUARTERS ASSIGNED? \_\_\_\_\_

**NOTE:** Attach a copy of your quarters assignment card, read and sign the certification statement in Item 7, and return this form to the Division of Commissioned Personnel.

**6. LOCAL ECONOMY HOUSING DATA**

A. DID YOU RENT OR OWN YOUR RESIDENCE? (Check one)

(1)  Rent Effective date of lease/rental agreement \_\_\_\_ (MM/DD/YYYY)

(2)  Own Date of settlement \_\_\_\_ (MM/DD/YYYY)

(3)  Other (e.g., live with friend or relative and pay no costs) \_\_\_\_\_

(4) If you rent, what is the monthly rent specified in the lease / rental agreement \_\_\_\_\_ \$

(5) If you own your residence, what was the purchase price? \_\_\_\_\_ \$

**NOTE:** An English language copy of your lease / rental agreement or settlement papers **must** be attached to this certificate.

B. DID YOU SHARE YOUR RESIDENCE WITH INDIVIDUALS OTHER THAN YOUR IMMEDIATE FAMILY?  
 YES  NO If "NO," go to Item 6.C.

(1) How many share in the expenses? \_\_\_\_\_

(2) Are any of these individuals members of the uniformed services or Federal civilian employees who are authorized a living quarters allowance or a cost of living allowance?  
 YES  NO If "YES," specify.

NAME	SSN	BRANCH OF SERVICE	CIVILIAN GRADE

C. IF RENTING / LEASING, ARE ALL UTILITIES (EXCLUDING TELEPHONE) PAID BY LANDLORD?  
 YES  NO

D. IF RENTING / LEASING, ARE ANY OF THE FOLLOWING UTILITIES / SERVICES PROVIDED / PAID BY YOUR LANDLORD AS PART OF YOUR RENTAL / LEASE AGREEMENT?  
 (Check "YES" if landlord provides majority of service, even though you may supplement. Check "YES" under air conditioning if window units are used and landlord provides electricity.)

(1) Electricity  YES  NO (2) Heating  YES  NO (3) Air Conditioning  YES  NO (4) Trash Disposal  YES  NO (5) Water  YES  NO

**7. CERTIFICATION**

I certify that the information listed above is true and correct and a copy of my current lease / rental agreement, settlement papers on my primary place of residence, or quarters assignment card is attached. I further certify that if any change occurs which would modify the data I have listed above, I will notify the Division of Commissioned Personnel/HRS/PSC ATTN: Compensation Branch, Room 4-50, 5600 Fishers Lane, Rockville, MD 20857-0001, within 10 days of the change.

DATE	SIGNATURE
------	-----------

**PRIVACY ACT NOTICE FOR  
PHS-6059 "Request for Overseas Station Allowances"**

This statement is provided pursuant to the Privacy Act of 1974 (5 U.S.C. 552a). Our authority to collect this information is 42 U.S.C. 202 et seq.; and Executive Order 9397, "Numbering System for Federal Accounts Relating to Individual Persons."

**Records System:** The information provided on this form will become part of record systems 09-40-0001, "PHS Commissioned Corps General Personnel Records," HHS/PSC/HRS, and 09-40-0010, "Pay, Leave and Attendance Records," HHS/PSC/HRS.

**Principal Purpose and Routine Use:** This information is used by the Department of Health and Human Services to determine an officer's entitlement to overseas station allowances while assigned duty outside the United States or in Hawaii or Alaska. It may also be provided to the Department of Treasury in support of payroll activities and tax requirements; to the Department of State when it becomes involved in the assignment of an officer in a foreign country; or to the Department of Defense when necessary to coordinate joint activities, such as emergency preparedness plans. For additional information about how this information will be used and maintained, obtain a copy of the system notices from the office to which you submit this form.

**Effects of Nondisclosure:** Disclosure of the Social Security Account Number (SSAN) is mandatory under provisions of Executive Order 9397 to obtain benefits and services as or on behalf of a commissioned officer. Disclosure of the remaining information is required to obtain this benefit. Failure to provide the remaining information may result in late payment, nonpayment, or collection of monies previously paid for Overseas Station Allowances if you receive a payment based on erroneous information. All statements are subject to verification.