

**CRITICAL SKILLS RETENTION BONUS (CSRB) AGREEMENT**

Last Name	First Name	MI	Agency / OPDIV	SSN
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**Conditions of Agreement:**

In consideration of payment for the Critical Skills Retention Bonus (CSRB) for which I qualify under USC Title 37, Section 323, and implementing policy prescribed in INSTRUCTION 13, Subchapter CC22.2, of the Commissioned Corps Personnel Manual (CCPM), I hereby request CSRB, under the provisions of the referenced policy above. I hereby certify that:

1. My specialty is (Check appropriate specialty) :

<b>Medical</b> <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Colon/Rectal Surgery <input type="checkbox"/> Neurological Surgery <input type="checkbox"/> Radiology <input type="checkbox"/> Surgery - Pediatric <input type="checkbox"/> Dermatology <input type="checkbox"/> Gastroenterology <input type="checkbox"/> Orthopedic Surgery <input type="checkbox"/> Surgery - General <input type="checkbox"/> Surgery - Vascular <input type="checkbox"/> Cardiovascular Disease (Adult) <input type="checkbox"/> Plastic Surgery <input type="checkbox"/> Otolaryngology <input type="checkbox"/> Surgery - Critical Care <input type="checkbox"/> Thoracic Surgery	<b>Dental</b> <input type="checkbox"/> Dentist (all)	<b>Nurse</b> <input type="checkbox"/> Certified Registered Nurse Anesthetist (CRNA) <input type="checkbox"/> Operating Room
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2. Initial applicable blocks:

\_\_\_\_\_ I meet all the appointment standards for the Medical, Dental, or Nurse category, as described in INSTRUCTION 4, Subchapter CC23.3, of the CCPM, under which I have been accepted into the U.S. Public Health Service (PHS) for active-duty service and I am licensed in accordance with INSTRUCTION 4, Subchapter CC26.1, of the CCPM. I will maintain an unrestricted state license during the period of my CSRB service obligation.

\_\_\_\_\_ I have served on active duty in my critical specialty for a minimum of 3 years as of October 28, 2003.

\_\_\_\_\_ I agree to remain on active duty for a period of 1 year from the effective date of this contract.

\_\_\_\_\_ I understand that my obligation for remaining on active duty will be extended 1 year beyond my current obligation date. (This includes any Active-Duty Obligation (ADO) incurred for scholarship, training, contractual bonus payment and/or loan repayment.)

\_\_\_\_\_ I am performing patient care and have current clinical privileges.

\_\_\_\_\_ I understand that at least 75 percent of duties performed while under CSRB agreement must be duties directly pertaining to the qualifying specialty, as specified in INSTRUCTION 13, Subchapter CC22.2, of the CCPM, (Supervisor's signature on this agreement certifies this statement to be true.)

\_\_\_\_\_ I understand that any Multiyear Retention Bonus (MRB) and Incentive Special Pay (ISP) received while receiving CSRB must be for the same specialty for which the CSRB award is made.

\_\_\_\_\_ I understand that MRB and CSRB active-duty obligations are to be served consecutively.

\_\_\_\_\_ I understand that Accession Bonus (AB) and CSRB active-duty obligations are to be served consecutively.

\_\_\_\_\_ I understand that entering into this CSRB agreement delays my eligibility for MRB for a period of 1 year.

\_\_\_\_\_ I agree not to apply for MRB until October 28, 2004 or later. This is to avoid overlapping of payment of CSRB and MRB in the same 12-month period. MRB agreements may be executed at the end of the CSRB obligation.

3. Effective date of this agreement is no earlier than October 28, 2003. The 1 year of continuous service (obligation) that I agree to serve will begin on October 28, 2003, or the day after the date of expiration of my current active-duty service obligation for training, scholarship, loan repayment, or acceptance of the contractual special pay AB or MRB, whichever is later.

4. Current regulations prohibit the payment of CSRB funds to anyone who will exceed 25 years of active-duty service prior to the completion of the payback period for this agreement (1 year from the obligation start date determined above). I will not have 25 years of active-duty service prior to the completion of my payback period.

5. I am NOT ELIGIBLE for voluntary retirement for the duration of this contract. Requests for voluntary retirement to be effective during the period of this agreement will be disapproved except where considered to be in the best interest of the Service.

6. The CSRB program constitutes a voluntary retention program and I will not be released from active duty before fulfilling the term of continuous active duty agreed to in paragraphs above, even if that obligation will extend me beyond 20 years of active Federal service.

7. Automatic termination of this agreement occurs upon completion of the active-duty obligation incurred.

Member Initial Here: \_\_\_\_\_ Date: \_\_\_\_\_ SSN#: \_\_\_\_\_

8. This agreement will be terminated upon separation from active duty, entry into approved long term training, or upon death of the member. This agreement may be terminated by the Surgeon General for failure to meet the eligibility requirements or when clear evidence exists that I should be denied further practice in the CSRB specialty or further active duty. It may also be terminated when in the best interest of the Service.

9. Contracts terminated prior to the expiration of the service obligation are subject to recoupment of unearned CSRB by the government on a pro rata basis based on length of CSRB active-duty obligation actually served, unless the failure to complete the period of active-duty specified in the agreement is due to:

- (1) Death or disability that is not the result of misconduct or willful neglect and not incurred during a period of unauthorized absence.
- (2) Separation from the Service for medical disability.

10. In the event that this contract is terminated prior to its expiration:

- (1) I shall be required to repay a pro rata portion of any payment received. That portion represents 1/360 of the payment received for each day of the year not served.
- (2) I shall be divested of entitlements for travel, transportation allowances for myself and my dependents, shipment of household goods, and use of, transfer of, or payment for unused annual leave to my credit upon separation from the USPHS Commissioned Corps.
- (3) Any amount which I am obligated to refund because this contract is terminated shall be a debt due to the United States, which I hereby agree to pay in full, as described by the appropriate collections officials. In accordance with Treasury Fiscal Requirements Manual (1TFRM 6-8000, Cash Management), late charges may be assessed for payments made after the due date on amounts owed to the United States Government.
- (4) I shall have my commission terminated.

11. A discharge in bankruptcy under USC Title 11, that is entered less than 5 years after the termination of this agreement does not discharge me from a debt arising from this agreement. This paragraph applies to any case commenced under USC Title 11, after September 30, 1985.

12. In consideration of my entering into the foregoing agreement, my Service agrees to pay the CSRB to me, subject to availability of funds, in a lump sum, subject to State and Federal taxes as applicable by law.

**By signing below, I certify that I understand and agree to the retention requirements in accordance with the rules outlined in this agreement.**

MEMBER'S NAME ( <i>Print</i> )	MEMBER'S SIGNATURE	DATE
DUTY PHONE	E-MAIL Address	

**NOTARIZATION**

subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_  
 in the City of \_\_\_\_\_, State \_\_\_\_\_ Zip Code \_\_\_\_\_

SIGNATURE	PRINT NAME	DATE OF COMMISSION
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**SUPERVISOR'S RECOMMENDATION**

The above named officer is / is not recommended for CSRB. I certify that his / her performance is satisfactory and that he / she meets the qualifying requirements.

SIGNATURE	TITLE	DATE
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**OPERATING DIVISION / PROGRAM RECOMMENDATION**

The above named officer is / is not recommended for CSRB. I certify that his / her performance is satisfactory and that he / she meets the qualifying requirements.

SIGNATURE	TITLE	DATE
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**Privacy Act Statement for Public Health Service Commissioned Corps  
CRITICAL SKILLS RETENTION BONUS (CSRB) AGREEMENT  
PHS-7043 (11/03)**

**Authority:** 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."

**Principal Purpose:** This information is used by the Department of Health and Human Services to record a Public Health Service (PHS) Commissioned Corps officer's eligibility to receive Critical Skills Retention Bonus (CSRB). If you are selected for award of CSRB, the information collected will be used for issuance of personnel orders to authorize payment. These records, or information therefrom, may also be provided to other Federal agencies to which Corps officers are assigned. The information also may be used for study purposes and/or collection of statistical data for reports to other Federal agencies and the Congress. It may also be used for other lawful purposes including collection of a debt owed the Federal Government, law enforcement, and litigation.

**Routine Uses:** Information may be provided to the Internal Revenue Service to resolve matters relating to an individual's tax withholding; to the Federal Retirement Thrift Investment Board to establish eligibility for contributions to the Thrift Savings Plan for Uniformed Service personnel; and to the Department of Justice or State and local governments when a question of conflicting interest is raised concerning a member's eligibility for and payment of bonuses.

**Information Regarding Disclosure of Your Social Security Number (SSN):** Under Executive Order 9397, Agencies are required to use the SSN as a means of identifying individuals in Agency personnel information systems. Solicitation of your SSN is authorized by this order so that Agencies, by being able to identify you, can ensure that the data furnished is accurately recorded for each employee in the personnel system. It will be used for this purpose only.

**Records System:** The information provided on this form will become part of record system 09-40-0001, PHS Commissioned Corps General Personnel Records, HHS/PSC/HRS; 09-40-0002, PHS Commissioned Corps Medical Records, HHS/PSC/HRS; 09-40-0003, PHS Commissioned Corps Board Proceedings, HHS/PSC/HRS; 09-40-0004, PHS Commissioned Corps Grievance, Investigatory and Disciplinary Files, HHS/PSC/HRS; 09-40-0006, PHS Commissioned Corps Payroll Records, HHS/PSC/HRS; 09-40-0010, Pay, Leave and Attendance Records, HHS/PSC/HRS; and 09-40-0011, Proceedings of the Board for Correction of PHS Commissioned Corps Records, HHS/PSC/HRS. A copy of this system notice can be obtained from the office to which you submit these forms (Department of Health and Human Services, Program Support Center, Human Resources Service, Division of Commissioned Personnel).

**Disclosure:** Voluntary; however, failure to provide complete and accurate information by the time instructed by the PHS Commissioned Corps could result in delays and/or errors in determining eligibility and, therefore, may result in late payment or nonpayment, or be cause for collection of pay if you receive an award based on erroneous information. All statements are subject to verification.