

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE COMMISSIONED CORPS

REPORT OF COMMISSIONED OFFICER ANNUAL LEAVE - \_\_\_\_\_  
(year)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

- \* 1. As of January 1, you had a balance of \_\_\_\_\_ days leave
- 2. Between January 1 and December 31, you will earn **30** days leave
- 3. On December 31, your total leave credit will be \_\_\_\_\_ days leave
- 4. Between January 1 and September 30, you have taken \_\_\_\_\_ days leave
- 5. On December 31, you will have a net balance of \_\_\_\_\_ days leave
- 6. By December 31, you must take, or forfeit \_\_\_\_\_ days leave

\* Not more than 60 days leave may be carried forward to a new calendar year

**PREPARATION OF THIS FORM**

- 1. On or shortly after September 30 each year, one copy of this form will be completed and furnished to each commissioned officer on active duty.
- 2. This form is only an informational report to the officer for leave planning purposes. It is not a permanent record. The data reflected on the form will be extracted from the officer's leave record card - Form PHS-31.
- 3. For those officers who entered on active duty this year, line 1 of the report will be left blank. Lines 2 and 4 will be changed to show date of entry on active duty and the 30 day balance on line 2 will be corrected accordingly.

**TO THE OFFICER RECEIVING THIS FORM**

- 1. This form was prepared for the express purpose of making you aware of your prospective leave balance at the end of this calendar year.
- 2. Please examine this form carefully. If the information reported is correct to the best of your knowledge, you may retain the form and no reply is necessary.
- 3. If discrepancies are noted on the form, report them to the office responsible for maintaining your leave record card.

Please contact \_\_\_\_\_

at \_\_\_\_\_  
(office or telephone)