



CC I 631.02
EFFECTIVE DATE: 8 September 2008

By Order of the Assistant Secretary for Health:

ADM Joxel Garcia, USPHS

SUBJECT: Assignment Incentive Pay

1. PURPOSE: This Instruction sets forth the policy and procedures establishing a pilot program to provide Assignment Incentive Pay (AIP) to active duty officers in the Commissioned Corps of the U.S. Public Health Service (Corps).

2. APPLICABILITY: This Instruction applies to Regular and Reserve Corps officers serving on extended active duty in designated critical public health assignments (CPHAs).

Subject to congressional authorization, this policy is effective until 31 December 2010. In addition, no written agreement may be entered into after 31 December 2009 unless authorized by law.

3. AUTHORITY:

3-1. [37 USC 303a](#), "Special Pay: General Provisions"; and

3-2. [37 USC 307a](#), "Special Pay: Assignment Incentive Pay"

4. PROPONENT: The proponent of this Instruction is the Assistant Secretary for Health (ASH). The responsibility for assuring the day-to-day management of the Corps is the Surgeon General (SG).

5. SUMMARY OF REVISIONS AND UPDATES: This is the first issuance of this Instruction within the electronic Commissioned Corps Issuance System (eCCIS).

UPDATE: 26 November 2008. This version includes the extension of authority to enter into AIP agreements to 31 December 2009 contained in PPM 09-001, "Assignment Incentive Pay Extension," dated 29 October 2008.

6. POLICY:

6-1. To ensure that the Department of Health and Human Services (HHS) continues to meet its public health mission(s), AIP may be paid to officers for service in designated critical public health assignments (CPHAs).

6-2. When authorized in Title 37 of the United States Code, AIP shall be paid to officers on a monthly basis in addition to any other pay and allowances to which the member is entitled. AIP shall not be paid as a lump sum payment or in installments. The total payment of AIP paid to an officer shall not exceed the amount specified in 37 USC 307a, as amended. All assignments falling under AIP authority will be subject to this limit, or the limit set by any new authorizations.

Note: As of 1 January 2008, the maximum monthly rate of incentive pay payable to an officer on a monthly basis is \$3,000. Prior to entering into a written agreement, organizational entities interested in paying AIP shall contact the Office of Commissioned Corps Force Management (OCCFM) for information on the current allowable AIP rate(s) permitted in any AIP written agreement.

6-3. To receive AIP on a monthly basis, an officer must:

a. Be serving on extended active duty in a CPHA as identified by an HHS Operating Division (OPDIV)/Staff Division (STAFFDIV) or non-HHS organization, and approved by OCCFM. Upon approval, an assignment is considered a "designated CPHA" and only officers serving in designated CPHAs may receive AIP.

b. Be eligible to remain on active duty for the length of time specified in his/her written AIP agreement which shall be documented in the officer's official personnel order and made part of the officer's electronic Official Personnel Folder (eOPF).

c. Enter into a notarized written agreement for not less than 12 months that shall specify:

(1) The beginning and ending period for which AIP will be paid to the officer;

(2) The monthly rate of AIP; and

(3) The "designated CPHA" made in accordance with this Instruction.

d. Meet and maintain force readiness standards.

e. Meet all appointment standards including licensure requirements, if applicable, and any category specific requirements.

f. Have received a satisfactory performance rating on the Commissioned Officers' Effectiveness Report (COER) for the last 5 years, or the number of years served on extended active-duty if less than 5 years.

Note: Subsection 6-3.f. does not apply to officers who are newly appointed and have served less than 1 year on extended active duty.

6-4. The tour of duty specified in a written AIP agreement and agreed to by the OPDIV/STAFFDIV or non-HHS organization shall not be less than 12 months.

Note: AIP may be terminated without the consent of the officer or organization responsible for the pay if at any time, congressional authorization for AIP lapses or is withdrawn.

- 6-5. Payment of AIP is pro-rated for partial months served in a designated CPHA based upon the effective authorization and termination dates for AIP listed in the official personnel order.
- 6-6. Payment of AIP shall not be discontinued during any period when the officer is not performing service in a designated CPHA by reason of:
- a. Temporary duty performed by the officer pursuant to orders; and
 - b. Absence of the officer for authorized leave, other than terminal leave (leave authorized for a period ending upon the discharge of the member or the release of the member from active duty).
- 6-7. AIP shall be terminated when an officer is permanently transferred from a designated CPHA for which AIP is being paid or upon commencement of separation or terminal leave. If an officer is transferred from an assignment designated to receive AIP to an assignment that is not designated to receive AIP, the officer's AIP will be terminated on the last day of the officer's assignment in the AIP eligible assignment.
- 6-8. AIP is a taxable pay and is in addition to any other pay and allowances to which the member is entitled. AIP is also eligible for Thrift Savings Plan contributions.
- 6-9. AIP may be paid to officers during their initial tour of duty with the Corps provided they are eligible to remain on active duty for the specified length of their written AIP agreement.
- 6-10. Since AIP is designed to provide an incentive to officers performing duty in designated CPHAs, officers, including married officers who are stationed together, are advised that AIP rates may vary between officers assigned to the same location, regardless of category, discipline or specialty. In addition, officers are further advised that not all officers stationed at the same duty station may be paid AIP regardless of category, discipline, specialty, billet description, or the fact that an officer with similar education, training, grade, or experience is currently, or later paid, AIP.
- 6-11. Restrictions. Officers are ineligible to receive AIP if they are:
- a. Enrolled in the Commissioned Officer Student Training and Extern Program;
 - b. Assigned to the Inactive Reserve Corps including periods while performing short or intermittent tours.
 - c. Performing obligated service pursuant to participation in an HHS-sponsored scholarship or training program unless, subject to any other restrictions contained in law or regulation for the obligated service or assigned organization, the officer is serving obligated service under:
 - (1) The National Health Service Corps (NHSC) Scholarship Program;
 - (2) Assigned to the Indian Health Service or Federal Bureau of Prisons (BOP); or

(3) Subsection 6-11.c. is waived by the ASH based on the needs of HHS and the Corps.

d. Not eligible pursuant to Section 6-7.

Note: If otherwise eligible under this Instruction, officers serving on a program limited tour and those receiving loan repayment, may enter into a written agreement for AIP.

6-12. Designation of Critical Public Health Assignments (CPHA).

An assignment may be approved by OCCFM as a designated CPHA in one of four ways: the assignment achieves a score of at least six points under the criteria listed at subsections 6-12.a. (isolated/hardship); the assignment meets the criteria listed in 6-12.b. (hazardous); the assignment is required to be filled by a medical or dental officer in 6-12.c., or the assignment is identified as a critical needs assignment by an OPDIV/ STAFFDIV or non-HHS organization in 6-12.d. An assignment may have more than one designation, e.g., domestic isolated/hardship and hazardous duty, or hazardous duty and critical needs.

a. Isolated/hardship assignments. To qualify as a domestic isolated/hardship assignment, an assignment must achieve an overall score of at least six points based on a combination of one or more of the criteria listed in subsections 6-12.a.(1), 6-12.a.(2), or 6-12.a.(3).

(1) Physical Isolation, for a maximum of six points.

i. Frontier area (six points): Frontier area is defined as an area having a population density of six or fewer people per square mile. Other factors, such as travel distance, may also isolate an area.

ii. Less than 2,500 population (three points).

iii. 2,501 up to 20,000 (two points).

iv. 20,001 up to 50,000 (one point).

(2) Area Designation, as measured by ground transportation, for a maximum of six points.

i. Over 100 miles from duty site to urban destination (six points). An urban destination is defined as a densely settled territory that contains 50,000 or more inhabitants

ii. 81-100 miles (three points).

iii. 61-80 miles (two points).

iv. 41-60 miles (one point).

(3) Medical Availability, defined as distance access to a hospital providing secondary level of care (stabilized patients, Emergency Room, major medical facilities, Obstetrical care, Intensive Care Unit, etc.) with access available to both Corps officers and their dependents.

- i. Greater than 100 miles (six points).
 - ii. Between 71-100 miles (four points).
 - iii. 51-70 miles (two points).
 - iv. 26-50 miles (one point) – This is considered a routine transport distance for Emergency Medical Services (EMS).
- b. Hazardous assignments. Hazardous assignments are those in which the officer is engaged in professional activities requiring frequent and/or significant risk to the officer's safety. Positions are designated as domestic hazardous billets if they involve any of the following for a period of 180 days or more of continuous duty or exposure:
- (1) BOP working directly with inmates and/or detainees.
 - (2) Immigration and Customs Enforcement (ICE) detention working directly with detainees.
 - (3) The forensic unit at St. Elizabeths Hospital or other mental health forensic units.
 - (4) U.S. Marshals Service working directly with inmates and/or detainees.
 - (5) Routine exposure to atomic, biological, chemical, hazardous, infectious agents, e.g., duties requiring the use of on-hands investigation of biological, radioactive, chemical, or hazardous substances that warrant the use of a high level of containment or use of a high level of personal protective gear (Bio-Safety Level 3 or higher, Personal Protection Level B or higher); or routine use of personal protection equipment or containment procedures for highly hazardous materials or situations (Bio-Safety Level 3 or higher, Personal Protection Level B or higher); or subsurface mines.
 - (6) Small aircraft flights over isolated and hazardous terrain, to include small piston powered aircraft and a minimum of 15 flights in the 180 day period.
 - (7) Other hazardous environments as determined by the Surgeon General.
- Note: Service in a hazardous assignment listed in Section 6-12.b. does not confer any right(s) or benefit(s) to hazardous duty pay as authorized under [37 USC 301](#).
- c. Medical and dental officer assignments. Based on training and education requirements as well as historical and current shortages, assignments which can only be filled by medical or dental officers are presumed to be CPHAs and thus, deemed eligible for AIP. Assignments where an organization would like to have a medical or dental officer assigned, but would be willing to fill the assignment with a non-medical or non-dental officer are not eligible to receive AIP under this subsection. These assignments must qualify as CPHAs in their own right under subsections 6-12.a., 6-12.b., or 6-12.d. to be eligible to receive AIP under this Instruction.

- d. Critical Needs Assignments. Critical needs assignments are those assignments which the Head of an OPDIV/STAFFDIV or non-HHS organization, or designee, identifies as critical to their organization's success and yet are difficult to fill based on an individual assessment of various factors such as: vacancy rates, turnover rates, criticality of assignment to the organization's mission, need for highly trained professionals or those with unique skills, or other unique factors which make it difficult to fill public health assignments.

Note: The Corps strongly recommends that OPDIVs/STAFFDIVs and non-HHS organizations form an AIP Board to identify which CPHAs are eligible to receive AIP and involve OCCFM in the board process, either as observers or participants, to facilitate the introduction of the AIP program.

6-13. Billet Notation and Payment of AIP.

- a. To receive AIP, an officer must be serving in a designated CPHA. Once an assignment is designated by OCCFM as a CPHA:
 - (1) The designation shall be noted on the billet reflecting the assignment within the Corps billet system, regardless of whether an officer is currently serving in the designated CPHA; and
 - (2) An OPDIV/STAFFDIV or non-HHS organization may enter into a written agreement with an officer to pay AIP in any amount within the authorized limits established in 37 USC 307a.
- b. AIP shall not be paid or terminated without the issuance of an official personnel order authorizing or terminating such pay. Official personnel orders authorizing AIP shall state the amount of the monthly payment.
- c. Nothing in this Instruction shall be construed to require an OPDIV/STAFFDIV or non-HHS organization to enter into a written agreement to pay AIP to officers occupying designated CPHAs.

6-14. Termination. Termination of AIP shall become effective only upon the issuance of an official personnel order as follows:

- a. Misconduct. An officer disciplined and punished by receipt of a letter of reprimand, reduction in grade, or more severe administrative action, or who is separated from active duty for substandard performance or misconduct under the probationary authority prescribed in [CC23.7.1](#), "Involuntary Separation (Probation Period)", shall have his/her AIP agreement terminated as of the date of the disciplinary or separation action.
- b. Failure to be recommended for promotion. If a promotion board recommends against either permanent or temporary promotion while an officer is under an AIP agreement, the officer's eOPF will be reviewed by the Office of Commissioned Corps Operations (OCCO). If the Director, OCCO, or designee, determines that the non-promotion recommendation is appropriate, the officer's AIP agreement shall be terminated on a date determined by the Director, OCCO.
- c. Involuntary retirement. An officer involuntarily retired under the provisions contained in [CC23.8.4](#), "Involuntary Retirement (20 Years)," shall have his/her AIP agreement terminated on the effective date of the officer's retirement.

- d. Disability retirement. An officer granted temporary or permanent disability retirement while serving under an AIP agreement, shall have his/her agreement automatically terminated as of the date the officer is placed in retired status. An officer eligible for an AIP agreement, who is considering applying for a disability retirement, may sign an AIP agreement since there is no assurance that the disability retirement will be approved.
- e. Involuntary separation/retirement for convenience of the government. An officer, who is released from active duty or retired because of a reduction in strength, numbers limitation, or other reasons for the convenience of the government, while serving under an AIP agreement, shall have his/her agreement automatically terminated as of the date of the officer's separation or retirement.
- f. Death. In the event an officer dies while serving under an AIP agreement, the agreement is automatically terminated as of the date of the officer's death.
- g. Performance. An officer receiving less than a satisfactory performance rating on his/her COER will have his/her eOPF reviewed by OCCO. If the Director, OCCO, or designee, determines that the rating is appropriate, the officer's AIP agreement shall be terminated on a date determined by the Director, OCCO.
- h. Force Readiness. An officer failing to meet and maintain force readiness standards shall have his/her AIP terminated as of the date the Director, Office of Force Readiness and Deployment (OFRD), certifies the officer is noncompliant to the Director, OCCO.
- i. Separation from active duty or termination of commission. An officer who separates from active duty or whose commission is terminated for any reason not mentioned in subsections 6-14.a. through 6-14.i., shall have his/her AIP agreement terminated upon the effective date of separation or termination.
- j. Reassignment. When an officer has a permanent change of station (PCS) to a new assignment that is not a designated CPHA where the OPDIV/STAFFDIV or non-HHS organization has agreed to pay AIP, the officer's AIP will be terminated as of the last day of service in the assignment eligible for AIP.

7. RESPONSIBILITIES:

- 7-1. OPDIVs/STAFFDIVs or non-HHS organizations are responsible for identifying positions which may qualify as CPHAs. However, OPDIVs/STAFFDIVs or non-HHS organizations are strongly encouraged to involve OCCFM in the identification and review of CPHAs, and any applicable board processes, to ensure that the AIP program is utilized to the maximum extent permitted under law and policy.
- 7-2. OCCFM shall establish internal procedures to facilitate the review and approval/disapproval of designated CPHAs. OCCFM shall collaborate with OPDIVs/STAFFDIVs or non-HHS organizations as needed or requested (See Section 7-1). OCCFM shall be responsible for approving or "designating" CPHAs which must occur before payment of AIP can be authorized.
- 7-3. The Transformation team and the Office of the Surgeon General (OSG)/OCCO shall be jointly responsible for ensuring that billets are appropriately annotated as "designated CPHAs" and for ensuring that this AIP program is integrated into the new Corps billet system and assignment system.

- 7-4. Under the direction of the Director, OCCO, the Transformation team, OSG/OCCO, and Compensation Branch, Office of Commissioned Corps Support Services (OCCSS), shall be jointly responsible for developing operational procedures for the issuance of official personnel orders to implement the AIP program.
- 7-5. During this pilot program, OCCFM shall be responsible for developing the AIP written agreement and monitoring the implementation and continued operation of the AIP program in collaboration with OSG and the Transformation team.
8. PROCEDURES:
- 8-1. Identification and Designation of CPHAs.
- a. To have an assignment designated as a CPHA, the Head of an OPDIV/STAFFDIV or non-HHS organization, or designee, must first identify the assignment using the criteria listed in Section 6-12. An assignment may be identified whether or not an officer currently occupies the position. Once identified, a position description of the assignment is forwarded to OCCFM for review and approval. At a minimum, the position description must include the grade level of the position, minimum education and training qualifications, any special skills requirement, and the amount of AIP being proposed for the position.
- b. Within 45 days of receipt, OCCFM will notify the submitting organization as to whether the identified assignment is approved as a designated CPHA. If approved, OCCO will be notified of the approval for notation on the applicable billet and the assignment may be posted as a designated CPHA – payment of AIP may be made to officer occupying assignment. If the assignment is not approved, OCCFM will provide the reason(s) for disapproval and assist the submitting organization to correct any deficiencies, as appropriate. Disapprovals may also be appealed in writing to the ASH, in consultation with the SG, for a final decision.
- 8-2. OPDIV/STAFFDIV or non-HHS organizations are not required to enter into a written agreement to pay AIP to officers occupying designated CPHAs. However, once the decision is made to pay AIP to an officer in a designated CPHA, the officer is required to enter into a notarized written AIP agreement (See Section 6-3). The agreement must be submitted through OPDIV/STAFFDIV or non-HHS organization administrative channels to the official responsible for completing the certification signature. When the tour of duty specified in a written AIP agreement is completed, a new written AIP agreement extending the officer's eligibility for AIP must be completed in the same manner as the original agreement for AIP to continue at the same or different rate of pay. In addition, a new official personnel order must be issued subsequent to the new written agreement authorizing the payment of AIP (See Section 6-3).
- 8-3. Once a written AIP agreement has been processed by an OPDIV/STAFFDIV or non-HHS organization, the agreement shall be forwarded to OCCFM for final processing, acceptance, and coordination with OCCO and the Compensation Branch, OCCSS.
- 8-4. Officers may not receive AIP until official personnel orders have been issued authorizing such pay and the content of the orders shall include the text of the written agreement. When a form [PHS-1662](#), "Request for Personnel Action," is required, the authorization to pay AIP shall also be included on the form. In collaboration with the Transformation team, OCCO will implement additional procedures for use of form PHS-1662, as necessary, through a Personnel Operations Memorandum.
9. HISTORICAL NOTES: This is the first issuance of this Instruction within the eCCIS.