

## SEPARATION OF COMMISSIONED OFFICER

(See pages 3 and 4 for Instructions)

**THIS FORM MUST BE RECEIVED IN CCHQ 90 DAYS PRIOR TO LAST PHYSICAL DAY AT DUTY STATION**

### PART A. TO BE COMPLETED BY OFFICER SEPARATING (Type or Print Name)

1. Name _____	3. Grade <input type="checkbox"/> T <input type="checkbox"/> P	Category: _____	Corps: <input type="checkbox"/> Regular <input type="checkbox"/> Reserve
2. PHS No. _____			

4. Present Station (Organization, Address, ZIP Code): \_\_\_\_\_ Email Address \_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Type of Separation: ☐ Termination ☐ Retirement ☐ Inactivation

NOTE: I understand that I will be terminated if not approved for inactivation. Inactivation must be recommended by the officer's supervisor, but final approval for inactivation is made by the Director, Commissioned Corps Headquarters (CCHQ). Inactivation only applicable when there is an USPHS Inactive Reserve.

6. Reason for Separation: \_\_\_\_\_

7. Last day at duty station: \_\_\_\_\_

*NOTE: I understand that if I am breaking an active-duty obligation, my commission will be terminated as of my last day at the duty station.*

8. Terminal leave requested: ☐ Yes ☐ No Terminal leave approved: ☐ Yes ☐ No

Actual dates of terminal leave: \_\_\_\_\_

*NOTE: Please read the section titled "Terminal Leave" in CCI 362.01 "Annual Leave." CCI 362.01 "Annual Leave," is available on the Commissioned Corps Management Information System (CCMIS) website --<https://dcp.psc.gov>*

9. Separation Physical Examination

☐ I elect to take a physical examination Station: \_\_\_\_\_ Date \_\_\_\_\_

**OR**

☐ I hereby waive separation physical examination realizing that, after separation, I cannot be retired for disability for any disease or injury incurred in or aggravated by my tour of duty with the Public Health Service Commissioned Corps.

10. Travel and Transportation Requested for Self and: <input type="checkbox"/> Dependents <input type="checkbox"/> Non-temporary storage (Overseas only) <input type="checkbox"/> Household Goods <b>or</b> <input type="checkbox"/> Housetrailer <input type="checkbox"/> Shipment of Auto (Overseas only)	11. Mode of travel (Officer only): <input type="checkbox"/> Private conveyance <input type="checkbox"/> Commercial common carrier	12. I elect travel to: (As specified in original orders) City _____ State _____ <input type="checkbox"/> Home of record <input type="checkbox"/> Place from which called to active duty <input type="checkbox"/> Home of selection (Retirees only)
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13. Permanent Mailing Address After Separation: (Include ZIP Code) \_\_\_\_\_ Email Address \_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. I have read CCI 387.01 "Separation of a Commissioned Officer," and understand my rights and responsibilities with regard to separation from active duty with the Public Health Service Commissioned Corps. CCI 387.01 "Separation of a Commissioned Officer," is available on the CCMIS Website -- <https://dcp.psc.gov>. All of the information I have provided above is true and accurate to the best of my knowledge.

(Date)

(Signature of Officer Separating)

**DO NOT LEAVE YOUR DUTY STATION WITHOUT VERIFICATION THAT A PERSONNEL ORDER HAS BEEN ISSUED. IT MAY JEOPARDIZE YOUR ENTITLEMENTS.**

### PART B. TO BE COMPLETED BY IMMEDIATE SUPERVISOR OF SEPARATING OFFICER

Do you recommend officer for: Inactive Reserve ☐ Yes ☐ No Active duty in the future ☐ Yes ☐ No Terminal leave approved ☐ Yes ☐ No

Comments: \_\_\_\_\_

(Date)

(Signature of Immediate Supervisor)

### PART C. TO BE COMPLETED BY FISCAL/ADMINISTRATIVE OFFICER

1. Pay and allowances chargeable to: Common Accounting No. _____ Travel CAN _____ Accounting Point _____ Designated Agent _____	2. PDN: _____ Standard Billet? <input type="checkbox"/> Yes <input type="checkbox"/> No Abolish Billet? <input type="checkbox"/> Yes <input type="checkbox"/> No
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(Date)

(Signature of Fiscal / Administrative Officer)

Comments: \_\_\_\_\_

NAME \_\_\_\_\_ PHS Serial No. \_\_\_\_\_

**PART D. TO BE COMPLETED BY CCHQ (Check appropriate item)**

Travel Time \_\_\_\_\_

Date of Separation \_\_\_\_\_

Obligation end Date \_\_\_\_\_

Medical Status \_\_\_\_\_

TRAVEL			
Item	Yes	No	Initials
POC Authorized			
POC Authorized - CONUS Only			
Air Travel Directed			
Travel - Joint Federal Travel Regulations (JFTR)			
Travel - No Expense to PHS			
Travel and Transportation Authorized			
Shipment of POV			
No Travel Authorized Under JFTR U5125 (Breaking Special Pay Contract)			
No Travel Authorized Under JFTR U7654 (Less than 2 years Active Duty)			

OTHER OBLIGATIONS			
Item	Yes	No	Initials
Selective Service Obligation			
VEA Participation			

PERSONNEL			
Item	Yes	No	Initials
2 Years Active Duty Completed			
Promotion Check			
Terminate Appointment			
Appointment into Inactive Reserve			

LEAVE			
Item	Yes	No	Initials
Lump Sum Annual Leave			
Transfer of Leave (Uniformed Services only)			

TRAINING			
Item	Yes	No	Initials
Training Obligation			
Scholarship Obligation			
USUHS Obligation			

SPECIAL PAYS			
Item	Yes	No	Initials
Medical Special Pay Obligation			
Dental Special Pay Obligation			
Nurse Special Pay Obligation			

Officer indebted to the Federal Government in the amount of \$ \_\_\_\_\_ due to termination of the following contract:

- ☐ Medical Special Pay (MSP)  
☐ Dental Special Pay (DSP)  
☐ Nurse Special Pay (NSP)  
☐ Accession Bonus (AB)

Officer indebted to the Federal Government in the amount of \$ \_\_\_\_\_ due to termination of active-duty training obligation.

Officer indebted to the Federal Government in the amount of \$ \_\_\_\_\_ due to overpayment.

Special Pay comments: \_\_\_\_\_

Training obligation comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature (HR Specialist) -- Commissioned Corps Recruitment and Assignments /CCHQ

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature (Reviewer) -- Commissioned Corps Recruitment and Assignments /CCHQ

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Instructions for Completing Form PHS-1373**

If you are separating (retiring or terminating) you need to complete Part A of Form PHS-1373, forward it to your supervisor to complete Part B, and then to your agency liaison to complete Part C. Some agencies require you to send Form PHS-1373 to the Budget Administrator and/or center/local/regional office before forwarding to your agency liaison. Check with your agency leadership for specifics. Ultimately, Commissioned Corps Headquarters (CCHQ) Separations team needs to receive your completed PHS-1373 no later than 90 days prior to the last day you are physically present and working at your duty station.

#### **Part A (completed by separating officer):**

1. **Name.** Enter your name (Last, First, Middle Initial) as it appears on your official PHS records.
2. **PHS Number.** Enter your PHS Serial Number. It is a five-digit number shown in the upper right corner of every official personnel order you receive. Also, if you are retiring, add your Employee ID number. It is your old Direct Access number (seven digits).
3. **Grade, Category, and Corps.** Enter your temporary grade. Enter your professional category. Indicate that you are in the Regular Corps. All Commissioned Corps Officers were deemed Regular Corps officers on 23 March 2010.
4. **Present Station.** Enter the organization to which you are currently assigned, normally the Agency/Operating Division (OPDIV)/Program level. Indicate your complete work address (street address, city, state, and zip code), e-mail address, and telephone number. Indicate a room number and building, if applicable.
5. **Type of Separation.** Indicate what type of separation is requested: retirement or termination. Do not select inactivation. The US Public Health Service (USPHS) does not currently have an inactive reserve.
6. **Reason for Separating.** Complete as appropriate.
7. **Last Day at Duty Station.** The last day at the duty station is the last day you will be physically present and working at your duty station. Whether you are Terminating or Retiring, your last day at your duty station is your last physical day working in the office. Example: CAPT Jones would like to retire on Monday, July 1st. He plans to take terminal leave from Saturday, June 1st- Sunday, June 30th. He would enter Friday, May 31st in section 7 as his Last Duty Day.
8. **Terminal Leave Requested.** Indicate whether terminal leave is requested. Also, indicate whether terminal leave is approved. If approved, actual dates of terminal leave must be furnished. Terminal leave is defined as any annual leave dates you plan to take after you sign PHS-1373. Terminal leave does not have to be consecutive. All requested leave after signing PHS-1373 should be entered and approved in eCorps. Some agencies may ask you to send a copy of your eCorps leave along with your PHS-1373.
9. **Separation Physical Examination.** Elect or waive to take a separation physical examination. It is to your advantage to have an examination upon separation (within 6 months of your requested separation date) since the examination serves to protect any future entitlements for benefits provided by the VA. These benefits include disability compensation and healthcare for service-connected disease or injuries. Therefore, it is important that your health status at the time of separation from active duty is

documented in your official health file maintained at the Medical Affairs Branch (MAB). If you are able, list the name of the facility where you are scheduled to take your examination and the date of examination.

10. **Travel and Transportation Requested.** Please check the dependents box if you have dependents that will be participating in your separation travel. Please check Household Goods if you are not moving a Housetrailer (i.e., mobile home). Only select shipment of auto and/or non-temp storage if you are traveling from, or to, a water-bound area where there is not a drivable path.
11. **Mode of Travel (Officer Only).** Check the “private conveyance” option. You will be driving unless you have a medical condition that prevents you from driving or if you are traveling from or to a water-bound area where there is not a drivable path. If you meet the exceptions, then you will be flying and should mark “commercial common carrier”, instead of private conveyance.
12. **Election of Travel.** For terminating officers: specify the name of the city and state to which you request travel and whether it is your home of record or the place from which you were called to active duty or a location of lesser distance. You will likely move towards the end of your active duty time, but you have 120 days to initiate and complete your move. Travel is coordinated and paid by the agency. Please contact your liaison or visit the Joint Travel Regulations website if you have travel specific questions.

For retiring officers: if known, specify your home of selection in this section. You have a year to initiate and complete your move. Travel is coordinated and paid by the agency. Please contact your liaison or visit the Joint Travel Regulations website if you have travel specific questions.

13. **Permanent Mailing Address after Separation.** You must furnish an accurate mailing address for important documents to be mailed (i.e.: Form W-2, “Wage and Tax Statement” VA forms; and PHS “Statement of Service”). Also, you must list an accurate personal email address and phone number where you may be contacted after separation. If any of your personal contact information changes within a year of your separation, you must provide written notification to CCHQ Separations and Compensation via the Home of Selection form and/or the Change Mailing Address form. It is also recommended that you send an email to your personal account with the email address of your agency liaison.
14. **Signature.** Certify, by your signature, that you have read the updated Separation Policy (CCI\_387.01) signed in April 2018 by the ASH, understand your rights and responsibilities with regard to separation from active duty, and that the information you are providing on form PHS-1373 is correct and accurate. You must sign and date the form. The date of your signature is the form date. Your form date (and date the form is received by CCHQ Separations) must be in compliance with the 90 day policy. Any leave taken after the form date must be requested and approved on PHS-1373 and in eCorps.

**Part B (completed by Supervisor of separating officer):**

1. Supervisor must check yes or no to approval of terminal leave. Supervisor must also sign and date acknowledging your request to separate.

**Part C (completed by Agency of separating officer):**

1. Agency liaison/budget administrator ensures Common Accounting Number (CAN), Travel CAN, and (Travel) Accounting Point are listed in Part C. We cannot produce orders without this information.

**Additional Questions?** Please email us at [PHSCCSeparations@hhs.gov](mailto:PHSCCSeparations@hhs.gov)