



Commissioned Corps Headquarters  
Recruitment and Assignments Branch,  
CAD Team  
Tower Bldg, Suite 300  
1101 Wootton Parkway  
Rockville, MD 20852

Re: Information Regarding Completion of Form PHS-6134 Statement of Service

To: Applicants with prior service in Uniformed Services other than USPHS

The PHS-6134 (Statement of Uniformed Service other than U.S. Public Health Service Commissioned Corps) is used to provide start and end dates of **all** prior Uniformed Service time to ensure accurate calculation of allowable service credit. It must include the initial appointment or enlistment date and all subsequent dates of active and inactive service. It must also include any applicable dates of discharge.

This information is important because it can affect an officer's base pay longevity (years of service for pay) and retirement credit. Retirement point summaries are acceptable if you are unable to obtain a completed PHS-6134, but can be less accurate due to the lack of start and end dates.

The PHS-6134 **must** be completed and authenticated by the official maintaining your official personnel folder containing your military records.

**You may NOT complete your own PHS-6134.**

If you are currently on active duty, you should submit this form to the official currently in charge of your active duty file. If you are in the inactive reserve, or have separated entirely from the military, you must submit this form to the Military Personnel Record center at the following address:

**National Personnel Records Center  
1 Archives Drive  
St. Louis, MO 63138**

If you have a prior tour and a current tour of active duty (especially in a different Uniformed Service), you *may* have to submit a copy of this form to each location.

Please forward your authenticated PHS-6134 to:

**Commissioned Corps Headquarters  
Recruitment and Assignments Branch/CAD Team  
Tower Bldg, Suite 300  
1101 Wootton Parkway  
Rockville, MD 20852**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 U.S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS

**STATEMENT OF UNIFORMED SERVICE OTHER THAN  
 U.S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS**

**Creditable Under 10 U.S.C. 1208 and 37 U.S.C. 205**

OFFICER'S NAME (Please PRINT or TYPE)			SOCIAL SECURITY NO.	SERVICE NUMBER(S)
LAST	FIRST	MIDDLE NAME		

NATURE OF ACTION <i>(For Officers, enter COMM or WO Component) (For Enlisted, enter ENL and Component)</i>	EFFECTIVE DATES <i>(For Officers, enter Date of Acceptance) (For National Guard, enter Dates of Federal Recognition)</i>	ACTIVE DUTY OR ACTIVE DUTY FOR TRAINING		SEPARATION <i>(Indicate Type and Reason)</i>
		From	To	

Number of days paid for Lump Sum Annual Leave after February 9, 1976 .....			DAYS
Number of days of leave without pay (AWOL) .....			
	YEARS	MONTHS	DAYS

DATE	AUTHENTICATION	<b>SUBMIT FORM TO:</b>  <b>Commission Corps Headquarters                  1101 Wootton Parkway, Suite 300                  Rockville, MD 20852</b>
SIGNATURE		
NAME (Type or Print)		
TITLE		

ISSUING OFFICE ADDRESS

ISSUING OFFICE PHONE NUMBER ( )

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS

**Privacy Act Notice for  
STATEMENT OF UNIFORMED SERVICE OTHER THAN  
U.S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS  
(Form PHS-6134)**

**Records System:** 09-40-0001, "PHS Commissioned Corps General Personnel Records," HHS/PSC/HRS.

**General:** This statement is provided pursuant to the Privacy Act of 1974 (P.L. 93-579).

**Authority for Collection of Information:** 42 U.S.C.; 202 et seq.  
Executive Order No. 10450

**Purposes and Routine Uses:** The principal purpose of the information provided on this form is to establish service credit dates for base pay, special pay, incentive pay, and retirement credit. These records may be disclosed to substantiate pay, allowances, and eligibility for retirement; to other Federal agencies in the event of appointment of officers; to the Department of Housing and Urban Development and Department of Veterans Affairs in the event of employment claims and benefits; for study purposes and/or collection of statistical data; and for other lawful purposes including law enforcement and litigation.

**Information Regarding Disclosure of Your Social Security Number (SSN):** Disclosure of the SSN is mandatory under provisions of the Social Security Act since Public Health Service (PHS) commissioned officers are under Social Security covered employment and taxes must be withheld from their salaries. The SSN is also used as an identifier throughout an officer's career. It is used primarily to identify an officer's personnel, leave, and pay records and to relate one to the other. The SSN is also used in connection with lawful requests for information from former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The use of the SSN is made necessary because of the large number of present and former active, inactive, and retired officers and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

**Effect of Nondisclosure:** Submission of this information is voluntary. However, failure to furnish this information may result in total or partial denial of creditable service in the Uniformed Service for pay and retirement benefits.