

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service Commissioned Corps

POSITION/BILLET ADDENDUM

(Memorandum of Assignment)

To Participate in the Delivery of Clinical Services as Appropriate to Maintain Competence in Areas of
Clinical Specialty Training in Order to Maintain the Corps' Readiness Requirements

1. PHS Officer Information:

Last Name		First Name	
PHS Serial Number	Category	Rank	Pay Grade
Position/Billet Number:		Position/Billet Title	
Specialty			

2. Current Duty Station Information:

Agency	
Address	
Work Number	Work E-Mail Address
Federal Facility	

3. Facility Information Where Additional Duties Are Performed:

Name of Facility	Agency
Address	
Immediate Supervisor	
Number of Hours Authorized Per (select one) <input type="checkbox"/> Week <input type="checkbox"/> Month	Renewal Date

4. Brief Description of Official Duty Activities:

5. Signatures:

Officer	Date
Immediate Supervisor at Current Duty Station	Date
Agency Liaison	Date

Read and Initial each item below.

1. This form can be used for official duty activities at both Federal and non-Federal agencies/sites. If the activity is a non-official duty activity, then you must submit Form HHS-520 and obtain approval from your agency ethics department.

(Officer's Initials)

2. Non-official duty activities are usually not covered under the Federal Tort Claims Act.

(Officer's Initials)

3. If your official duty activity authorized by this addendum is supervised by someone other than your regular supervisor, you will need your non-regular supervisor's approval on any additional documentation that will be required.

(Officer's Initials)

4. A supervisor may require documentation to support official duty activities performed (e.g. statement of work, approved clinical privileges, agreements).

(Officer's Initials)

5. As an officer I am responsible for reporting any official duty activities performed. Officers only need to change their addendum when their official duty activities change.

(Officer's Initials)
