

NOTICE OF ARRIVAL -- COMMISSIONED OFFICERS

For Payroll use only -- Form must be completed by all officers called to duty or transferred.

This is not a travel reimbursement form.

(Instructions and Privacy Act Notice on Reverse)

OCCSS USE ONLY

1.	IDENTIFICATION <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">a. Last Name, First Name, Middle Initial <i>(Print or Type)</i></div> <div style="width: 15%;">b. Grade / Rank</div> <div style="width: 40%;">c. PHS Serial Number</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">d. Organization and Station</div> <div style="width: 15%;">e. Duty Phone Number</div> <div style="width: 40%;">f. SSAN</div> </div>																																																																																																											
2.	TRAVEL <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 35%;">a. Authorization for Travel Personnel Order Number: _____</div> <div style="width: 30%;">Date of Order: _____</div> <div style="width: 35%;">Effective Date: _____</div> </div> <div style="margin-top: 5px;"> b. Purpose of Travel Call to Active Duty: <input type="checkbox"/> Transfer: <input type="checkbox"/> </div>																																																																																																											
3.	ITINERARY NOTE: <ul style="list-style-type: none"> The initial entry of your itinerary must reflect the location of your "old" permanent duty station. If you are being called to active duty (CAD), your "old" permanent duty station is the location where you actually began your travel in conjunction with your CAD order. The final entry of your itinerary must reflect the location of your "new" permanent duty station; not your residence at the new duty station. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 10%;">Date</th> <th style="width: 10%;">Local Time</th> <th style="width: 30%;">Location (City and State)</th> <th style="width: 10%;">Mode of Travel</th> <th style="width: 10%;">Reason for Stop</th> <th style="width: 10%;">Mileage</th> </tr> </thead> <tbody> <tr><td> </td><td>DEP</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>ARR</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>DEP</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>ARR</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>DEP</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>ARR</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>DEP</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>ARR</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>DEP</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>ARR</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>DEP</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>ARR</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>DEP</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>ARR</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>DEP</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>ARR</td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Date	Local Time	Location (City and State)	Mode of Travel	Reason for Stop	Mileage		DEP						ARR						DEP						ARR						DEP						ARR						DEP						ARR						DEP						ARR						DEP						ARR						DEP						ARR						DEP						ARR				
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4.	MAILING ADDRESS <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Street Address</div> <div style="display: flex; justify-content: space-between; padding-top: 5px;"> City State Zip Code </div> </div> <p style="margin-top: 10px;">NOTE: You will receive at the above address, your monthly earning statement, bonds (if applicable), Form W-2, and any other payroll related documents. Your pay MUST BE directly deposited into a financial institution of your choice.</p>																																																																																																											
5.	<p><i>I certify that the above information is true and correct. Further, I understand that making a false statement or claim against the U.S. Government is punishable by a fine of not more than \$10,000 or imprisonment for not more than 4 years or both. Act of June 25, 1948, 18 U.S.C. 287, 1001.</i></p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;">Date</div> <div style="width: 70%;">Signature</div> </div>																																																																																																											

DO NOT COMPLETE PRIOR TO ARRIVING AT DUTY STATION

INSTRUCTIONS AND PRIVACY ACT NOTICE FOR FORM PHS-2874, NOTICE OF ARRIVAL -- COMMISSIONED OFFICERS
(For Payroll use only. Not used for travel reimbursement.)

GENERAL: Read the instructions and Privacy Act Notice below before completing the form.

This form must be completed by every officer who has received a call to active duty order or permanent change of station order.

INSTRUCTIONS FOR COMPLETING FORM PHS-2874

All responses should be typed or printed in ink.

Items 1 and 2 -- Self-explanatory

Item 3 -- Show your itinerary. Your first entry must reflect the City and State you proceeded from. Your last entry must reflect the City and State of your permanent duty station as shown on your personnel order. Indicate your mode of travel, reason for a stop, and the highway mileage between travel points. Intermediate stops must be shown only if you remained at the location for at least 24 hours or the purpose of the stop was temporary duty (TDY). The following abbreviations are to be used.

Mode of Travel

First Letter

Transportation Request	T
Government Transportation	G
Commercial Transportation	C
(own expense)	
Private Vehicle	P

Second Letter

Auto	A
Bus	B
Plane	P
Rail	R
Vessel	V

Reasons for Stops

Awaiting Transportation	AT
Change Mode of Transportation	CM
Leave / Delay Enroute	LV
Adverse Weather	WX
Mission Complete	MMC
Mechanical Difficulty	MEC
Remain Overnight	RON
Temporary Duty	TDY

Item 4 -- Enter the address where you want to receive your payroll related documents, i.e., monthly earning statement, etc. NOTE: Your pay MUST BE directly deposited into a financial institution of your choice. The address you enter here will remain in effect until you provide the Compensation Branch, in writing, with a different address.

Item 5 -- Self-explanatory

Submit completed form to:

Office of Commissioned Corps Support Services
ATTN: Compensation Branch
5600 Fishers Lane, Room 4-50
Rockville, MD 20857-0001

Retain a photocopy for your records.

**PRIVACY ACT NOTICE FOR
PHS COMMISSIONED OFFICER'S NOTICE OF ARRIVAL**

This statement is provided to the Privacy Act of 1974 (5 U.S.C. 552a). Our authority to collect this information is 37 U.S.C. 403; 42 U.S.C. 202 et seq.; and Executive Order 9397, "Numbering System for Federal Accounts Relating to Individual Persons."

The information provided on this form will become part of record systems 09-40-0001, "PHS Commissioned Corps General Personnel Records," HHS / PSC / HRS, and 09-40-0010, "Pay, Leave and Attendance Records," HHS/ PSC/HRS.

PRINCIPAL PURPOSE AND ROUTINE USES -- This information is used to determine the date an officer reported to his / her duty station, in conjunction with a permanent change of station (PCS), for the purpose of determining an officer's entitlement to Basic Allowance for Housing (BAH). The other uses which may be made of this information are described in the system notices for records systems 09-40-0001 and 09-40-0010. A copy of these systems notices may be obtained from the office to which you submit this form.

EFFECTS ON NONDISCLOSURE -- Disclosure of the Social Security Account Number (SSAN) is mandatory under provisions of Executive Order 9397 to obtain benefits and services as or on behalf of a commissioned officer. Disclosure of the remaining information is required to obtain this benefit. Failure to provide the remaining information may result in late payment, nonpayment, or collection of monies previously paid for BAH if you receive a payment based on erroneous information. All statements are subject to verification.