

RETENTION BONUS (RB) AGREEMENT REQUEST

(Privacy Act Notice is on the Second Page)

IDENTIFICATION			DCCPR USE ONLY
NAME (Last, First, Middle Initial)	GRADE/RANK	PHS SERIAL NUMBER	DATE REC'D.
ORGANIZATION	DUTY PHONE NUMBER	SSN	
SPECIAL PAY REQUESTED (Check appropriate box)			
<input type="checkbox"/> RETENTION BONUS (RB) 2 year agreement	<input type="checkbox"/> RETENTION BONUS (RB) 3 year agreement	<input type="checkbox"/> RETENTION BONUS (RB) 4 year agreement	

CONDITIONS OF AGREEMENT

In consideration of payment of the RB for which I qualify under 37 U.S.C. 335; Commissioned Corps Directive (CCD) 151.05, I hereby agree to the following:

- A. To remain on active duty in the Corps for the agreement period specified above, commencing on the following date: _____.
- B. That I will be paid RB in the amount specified for my category of _____ and with a specialty of _____ for each year of obligation.
- C. That I hold a current, valid and unrestricted license as directed for my category under CCI 251.01 "Professional Licensure and Certification" or certification as required by CCI231.01, "General Appointment Standards." I agree to remain certified in the specialty referenced in section B, above, during the period I receive RB.
- D. That I will receive the RB in annual installments.
- E. That if I fail to complete the period of service for which RB is paid:
 - (1) Under the provisions contained in Sections 6-7 of CCD 151.05, the officer will be required to refund a pro rata portion of the payment received which represents the unserved portion of that annual payment of a terminated agreement in accordance with 37 U.S.C. 373.
 - (2) Any amount I am obligated to refund because of the termination of this agreement will be a debt due to the United States which I hereby agree to pay in full as directed by the appropriate collections officials in accordance with CCI 645.02.
- F. If I am not eligible to receive base pay because of a period of Absence Without Leave (AWOL), then I am not eligible for RB for the duration of the AWOL, and I am required to repay the prorated portion.

CERTIFICATION

I certify that I have read and understand CCD 151.05, and I have read and agree to abide by the terms of this RB agreement as stated above and 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, or imprisonment, or both. 18 U.S.C. § 287; 18 U.S.C. § 1001.

PRINTED NAME	DATE
SIGNATURE	DATE

SUPERVISOR CERTIFICATION

PRINTED NAME	TITLE	DATE
SIGNATURE		DATE

AGENCY/OPERATING DIVISION/PROGRAM RECOMMENDATION

I certify that this officer is eligible to receive this Retention Bonus and recommend payment.

PRINTED NAME	TITLE	DATE
SIGNATURE		DATE

PRIVACY ACT NOTICE
PHS COMMISSIONED CORPS RETENTION BONUS (RB) AGREEMENT
(Form PHS-6189)

General: This information is provided pursuant to the Privacy Act of 1974 (Public Law 93-579) for PHS commissioned officers applying for RB.

Records System: 09-40-0001, "PHS Commissioned Corps General Personnel Records," HHS/PSC/HRS; 09-40-0002, "PHS Commissioned Corps Medical Records," HHS/PSC/HRS; 09-40-0003, "PHS Commissioned Corps Board Proceedings," HHS/PSC/HRS; 09-40-0004, "PHS Commissioned Corps Grievance, Investigatory and Disciplinary Files," HHS/PSC/HRS; 09-40-0011, "Proceedings of the Board for Correction of PHS Commissioned Corps Records," HHS/PSC/HRS; and 09-90-1402, "HHS Payroll Records," HHS.

Authority for Collection of Information: 37 U.S.C. 302(a)(4), 302(b), and 301d (Pay and Allowances of the Uniformed Services); 42 U.S.C. 202 et seq. (PHS Act Sec 201 et seq.); and Executive Order 9397 (Numbering System for Federal Accounts Relating to Individual Persons).

Purposes and Uses: The principal purpose for collecting this information is to determine your eligibility for RB. If you are selected for award of RB, the information collected will be used for issuance of personnel orders to authorize payment. These records, or information therefrom, may also be provided to other Federal agencies to which Corps officers are assigned. The information also may be used for study purposes and/or collection of statistical data for reports to other Federal agencies and the Congress. It may also be used for other lawful purposes including collection of a debt owed the Federal Government, law enforcement, and litigation.

Information Regarding Disclosures of Your Social Security Number (SSAN): Disclosure of the SSAN is mandatory under provisions of the Social Security Act, since Corps officers are under Social Security "covered employment" and taxes must be withheld from their salaries. The SSAN 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 SSAN 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 SSAN 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 SSAN.

Effect of Nondisclosure: You are required to provide the information requested on this agreement to receive RB. Failure to supply complete and accurate information may result in delays and/or errors in determining eligibility and, therefore, result in late payment or nonpayment, or be cause for refund of pay if you receive an award based on erroneous information. All statements are subject to verification.