

U.S. Department of Health and Human Services Commissioned Corps of the U.S. Public Health Service DENTAL SPECIAL PAY (DSP) CONTRACT REQUEST (Privacy Act Notice on Page 2)			CB USE ONLY
			DATE REC.
1	IDENTIFICATION		
a. NAME <i>(Last, First, Middle Initial)</i>		b. GRADE/RANK	c. PHS SERIAL NUMBER
d. ORGANIZATION		e. DUTY PHONE NUMBER	f. SSAN
			CT. REC.
			EXP. REC.
2	SPECIAL PAY(S) REQUESTED <i>(Check appropriate box(es))</i>		
<input type="checkbox"/> ADDITIONAL SPECIAL PAY (ASP) (1 year contract, or 2, 3, 4 year contracts with MRB)		<input type="checkbox"/> MULTIYEAR RETENTION BONUS (MRB) (2, 3, or 4 year contracts, concurrent with ASP)	
<input type="checkbox"/> INCENTIVE SPECIAL PAY (ISP) for Oral and Maxillofacial Surgeons (1 Year Contract Concurrent with ASP)			
3	CONDITIONS OF CONTRACT		
In consideration of payment of the above requested special pay for which I qualify under 42 U.S.C. 210(a)(2) and 37 U.S.C. 302b and 301e, and implementing policies prescribed in the Commissioned Corps Issuance System (CCIS), I hereby agree to the following:			
A. To remain on active duty in the Commissioned Corps of the U.S. Public Health Service (Corps) for 12, 24, 36, or 48 consecutive months from the effective date of this contract.			
(Check box and Initial) <input type="checkbox"/> _____ 12 Months <input type="checkbox"/> _____ 24 Months <input type="checkbox"/> _____ 36 Months <input type="checkbox"/> _____ 48 Months			
B. That the EFFECTIVE date shall be the DATE THE NOTARIZED CONTRACT IS RECEIVED in the Compensation Branch (CB), Office of Commissioned Corps Support Services (OCCSS), except under the conditions listed below:			
(1) Effective date for initial contracts shall be the:			
(a) Date I attain eligibility for DSP provided the completed contract is received in CB, OCCSS, within 60 days after I am initially eligible, and the contract bears my signature, notarized within 30 days after I am initially eligible for DSP; or			
(b) Date the completed contract is notarized if received in CB, OCCSS, within 60 days of the date of eligibility but has not been notarized within 30 days of the date of initial eligibility; or			
(c) Later date, if eligible, specified by me, which is: _____ <div style="text-align: center; font-size: small;">(Month) (Day) (Year)</div>			
(2) Effective date for subsequent contracts shall be the:			
(a) Date following the date the preceding contract expires, provided the completed contract is received in CB, OCCSS, within 60 days after the date of expiration of the previous contract, and the contract bears my signature, notarized on or before the date following the date the preceding contract expired; or			
(b) Date the completed contract is notarized if received in CB, OCCSS, within 60 days after the date of expiration of the previous contract, but has not been notarized on or before the date the previous contract expired.			
C. If this contract is terminated prior to its expiration date for reasons other than as identified in F. below:			
(1) I shall be required to refund a pro rata portion of any payment received pursuant to this contract. (For 1-year ASP and/or ISP and 2-year MRB contracts, that portion that represents 1/360 of the annual payment for each day of the year not served. In the case of 3-year and 4-year MRB contracts, the amount prorated will be the minimum bonus (2-year bonus amount)). The additional bonus amount for 3-year and 4-year contracts will not be prorated and must be repaid in its entirety;			
(2) I shall be divested of entitlements for travel and transportation allowances for myself and my dependents, shipment of household goods, use of, transfer of, or payment for unused annual leave to my credit upon separation from the Corps;			
(3) Any amount which I am obligated to refund because this contract is terminated shall 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 Treasury Fiscal Requirements Manual (1 TFRM 6-8000, Cash Management), late charges may be assessed for payments made after the due date on amounts owed to the United States Government; and			
(4) I shall have my commission terminated.			
D. That a period of Absence Without Leave (AWOL) shall not be credited toward fulfillment of the active-duty obligation incurred pursuant to this contract and that the period of such active-duty obligation shall be extended by the number of days of AWOL.			
E. That the policies (Instruction 632.02, 633.02, and all current Personnel Policy Memorandums of the CCIS) which implement the DSP provisions of 42 U.S.C. 210(a)(2) and 37 U.S.C. 302b and 301e are incorporated into and made part of this contract.			
F. That I am NOT ELIGIBLE for voluntary retirement for the duration of this contract.			
4	CERTIFICATION		
I certify that I understand and agree to the terms of this contract as stated above.			
SIGNATURE			DATE
5	NOTARIZATION		
Subscribed and sworn before me this _____ day of _____, A.D., _____. <div style="text-align: center; font-size: small;">(month) (year)</div>			
at City _____ State _____ ZIP Code _____			
SIGNATURE			Date Commission Expires

6	SUPERVISOR CERTIFICATION		
<i>(Check below as appropriate)</i> <input type="checkbox"/> This is to certify that the officer meets the following conditions: a. Will not be participating in long-term training or dental residency training as defined in Instruction 325.01 of the CCIS; if applying for MRB or ISP; b. Is performing at a satisfactory level; and c. Has received a competent or above performance rating on the current Commissioned Officers' Effectiveness Report as required by Instruction 351.01 of the CCIS. <input type="checkbox"/> IS RECOMMENDED FOR: <input type="checkbox"/> Additional Special Pay contract requested. <input type="checkbox"/> Multiyear Retention Bonus contract requested. <input type="checkbox"/> Incentive Special Pay contract requested. <input type="checkbox"/> IS NOT RECOMMENDED for Dental Special Pay contract(s). A written explanation must accompany this contract.			
SIGNATURE		TITLE	DATE

7	OPERATING DIVISION / PROGRAM CERTIFICATION		
I certify that this officer is eligible to receive this bonus and I recommend payment.			
SIGNATURE		TITLE	DATE

**Privacy Act Notice for
Dental Special Pay (DSP) Contract
Form PHS-6289**

General: This information is provided pursuant to the Privacy Act of 1974 (Public Law 93-579) for Commissioned Corps of the U.S. Public Health Service (Corps) dental officers applying for DSP.

Records System: PHS Commissioned Corps General Personnel Records, HHS/PSC/HRS (09-40-0001); PHS Commissioned Corps Board Proceedings, HHS/PSC/HRS (09-40-0003); PHS Commissioned Corps Grievance, Investigatory and Disciplinary Files, HHS/PSC/HRS (09-40-0004); PHS Commissioned Corps Payroll Records, HHS/PSC/HRS (09-40-0006); Pay, Leave and Attendance Records, HHS/PSC/HRS (09-40-0010); and Proceedings of the Board for Correction of PHS Commissioned Corps Records, HHS/PSC/HRS (09-40-0011).

Authority for Collection of Information: 37 U.S.C. 302b (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 the information is to determine your eligibility for DSP. If you are selected for award of DSP, 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 dental 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 Disclosure 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 contract to receive DSP. 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.