DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service Commissioned Corps

INCENTIVE PAY (IP) AGREEMENT

(Privacy Act Notice is on the Second Page)

IDENTIFICATION			**DCCPR USE ONLY**
NAME *(Last, First, Middle Initial)*		GRADE/RANK	DATE REC'D.
PHS SERIAL NUMBER	ORGANIZATION		
DUTY PHONE NUMBER	E MAIL		

LENGTH OF AGREEMENT REQUESTED *(Check box)*

I AGREE TO REMAIN ON ACTIVE DUTY IN THE COMMISSIONED CORPS OF THE PUBLIC HEALTH SERVICE (Corps) WITH AN INCENTIVE PAY (IP) OBLIGATION FOR: ☐ 12 MONTHS

CONDITIONS OF AGREEMENT

In consideration of payment of the IP for which I qualify in accordance with 37 U.S.C. 335; Commissioned Corps Directive (CCD) 151.05; and Commissioned Corps Instruction (CCI) 633.01, 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: _____ I understand that the effective date of this agreement will be the date determined by procedures set forth by the SG in a Personnel Operations Memorandum (POM).

B. That I will be paid IP in the amount specified for my category of _____ with a specialty in _____ for a one year active duty obligation after which IP will continue (except for flag officers) on a monthly basis thereafter provided I continue to meet the eligibility requirements to receive IP.

C. That I hold a current, valid and unrestricted license as required by CCI 231.01, "General Appointment Standards." (also see CCI 251.01 "Professional Licensure and Certification").

D. I am fully trained or board certified in the designated specialty and I agree (unless waived by the SG) to perform a minimum of 80 hours per year in the specialty referenced in section B, above, during the period I receive IP. I will provide DCCPR documentation of the clinical hours on or before each anniversary following the date in section A.

E. That I will receive the IP in equal monthly payments except partial months are prorated.

F. That if I fail to complete the period of service for which IP is paid:

(1) Under the provisions contained in Sections 6-7.e. of CCI 633.01, I will be required to refund a pro rata portion of the payment received which represents the unearned portion of that monthly payment of IP 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 654.02.

(3) That I may not be eligible for recommissioning in the Corps.

G. If I am not eligible to receive base pay because of a period of Absence Without Leave (AWOL), then I am not eligible for IP for the duration of the AWOL, and I am required to repay the prorated portion of any amount paid during the period of AWOL and my obligation will be extended for an equal period of time as the AWOL.

H. Payment of IP will normally commence within 90 days after receipt of the completed agreement in DCCPR or within 90 days after DCCPR receives all necessary supporting documentation.

CERTIFICATION

I certify that I have read and understand CCD 151.05 and CCI 633.01 and I have read and agree to abide by the terms of this IP 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	
SIGNATURE	DATE

SUPERVISOR CERTIFICATION

I certify that this officer is eligible to receive this Incentive Pay and recommend payment.

PRINTED NAME	TITLE
SIGNATURE	DATE

PSC Publishing Services (301) 443-6740 EF

BUDGET OFFICIAL/CERTIFYING OFFICIAL OPERATING DIVISION/PROGRAM CLEARANCE AND APPROVAL.	
PRINTED NAME	TITLE
SIGNATURE	DATE

PRIVACY ACT NOTICE
PHS COMMISSIONED CORPS
INCENTIVE PAY (IP) AGREEMENT
(Form PHS-6310-1)

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

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. 335 (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.)

Purpose and Uses: The principal purpose for collecting this information is to determine your eligibility for IP. If you are selected for award of IP, the information collected will be used for issuance of personnel orders to authorize payment. These records, or information therefrom, may also be proved 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 report to other Federal agencies and the Congress. It may also be used for other lawful purposes including collection of debt owed the Federal Government, law enforcement, and litigation.

Effect of Nondisclosure: You are required to provide the information requested on this agreement to receive IP. Failure to supply complete and accurate information may result in delays and/or errors in determine 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.