

**ACTIVE-DUTY CERTIFICATION**  
(SHORT TOURS OF LESS THAN 30 DAYS)

**IMPORTANT: DO NOT COMPLETE THIS FORM PRIOR TO COMPLETION OF TOUR**

1.	<b>IDENTIFICATION</b> <i>(Print or Type)</i>				
	Social Security Number (SSN)	NAME <i>(First)</i> <span style="margin-left: 20px;"><i>(M.I.)</i></span> <span style="margin-left: 20px;"><i>(Last)</i></span>		GRADE	
		<i>(Please Print or Type)</i>			
2.	<b>AUTHORIZATION</b>				
	a. Personnel Order No.: _____ Dated: _____ Effective: _____				
	b. Called to active duty FROM: City: _____ State: _____ ZIP Code: _____				
	c. Active duty station: City: _____ State: _____ ZIP Code: _____				
3.	<b>ITINERARY</b>				
		PLACE <i>(CITY AND STATE OR CITY AND COUNTRY)</i>	LOCAL TIME (24 HOUR CLOCK)		MODE OF TRAVEL
			HOUR	DAY / MONTH / YEAR	
	DEPARTED				
	ARRIVED				
	DEPARTED				
	ARRIVED				
4.	<b>MAILING ADDRESS FOR EARNINGS STATEMENT</b>				
	a. Street Address: _____				
	City: _____ State: _____ ZIP Code: _____				
	b. Phone Number: _____ Work Phone: _____ Home Phone: _____				
		<i>(Area Code)</i>	<i>(Number)</i>	<i>(Area Code)</i>	<i>(Number)</i>
5.	<b>CERTIFICATION</b>				
	I certify the information provided above is true and correct. Attached are documents which: (1) substantiate my entitlement to Basic Allowance for Housing, (2) designation of my State of legal residence, and (3) specify my tax-withholding obligations. 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 5 years or both. (Act of June 25, 1948, 18 U.S.C. 287, 1001.)				
	Officer's Signature _____			Date _____	
<div style="text-align: center;"><b>RETURN TO:</b>  Office of Commissioned Corps Support Services ATTN: Compensation Branch 5600 Fishers Lane, Room 4-50 Rockville, MD 20857-0001</div>					

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service Commissioned Corps

INSTRUCTIONS FOR FORM PHS-6367

Below is a SAMPLE personnel order. The number(s) to the right of a particular data element represents the corresponding item number(s) on the certificate where this data is required.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
1101 WOOTON PARKWAY, SUITE 100  
ROCKVILLE, MD 20857

PERSONNEL ORDER NUMBER 2050.010  
CALL TO ACTIVE DUTY FROM INACTIVE

(2)

EFF: 03-22-05

(2)

02-19-05

(2)

NOA: 1014

DOE, JOHN (1)  
1234 MAIN STREET  
NEW YORK, NY 10010

PHS#: 99999  
SSN: 123-45-6789 (1)  
DOB: 01-30-50  
SEX: M

PERM GRADE: O-4 (LCDR) HEALTH SERVICES FULL  
TEMP GRADE: O-6 (CAPTAIN) HEALTH SERVICES DIRECTOR (1)  
CATEGORY: HEALTH SERVICES: RESERVE ACTIVE-NTE 30 DAYS

CALL TO ACTIVE DUTY: 03-22-05

ON CAD DATE WILL PROCEED FROM: GIBSONIA PA 15044 (2)  
REPORT TO NEW DUTY STATION NOT LATER THAN 0900 HOURS ON (3)  
NEW ORGANIZATION: HRSA, BPHC, NATL HLTH SERV CORPS 03-23-05

ADMINISTRATIVE CODE: HBC6  
STATION: PARKLAWN BLDG., RM 7A-39  
5600 FISHERS LANE, ROCKVILLE, MD 20857 (2) (3)

GEOGRAPHIC CODE: 241360031  
RELIEVED DUTY ASSIGNMENT NOT EARLIER THAN 1600 HOURS ON 04-03-05  
AUTHORIZED TRAVEL TO: GIBSONIA PA  
RELIEVE ACTIVE DUTY: 04-04-05 (5)  
BDN: 11HBOOO TITLE: SHORT TOUR/HSO  
TED: 07-01-82 BPED: 10-16-00  
YEARS OF SERVICE FOR PAY: OVER 26 YEARS

CAN(PAY): 23690163 ACCT PT(PAY): 69 D/A#: 90170  
CAN(TVL): 23690155 ACCT PT(TVL): 69

JOINT FEDERAL TRAVEL REGULATIONS  
TRAVEL DIRECTED IS NECESSARY  
TEMPORARY CHANGE OF STATION  
AUTHORIZED 25 LBS. ACCOMPANIED EXCESS BAGGAGE PER PERSON

PURSUANT TO P.L. 97-60, OFFICER IS ENTITLED TO ALLOWANCES FOR HIS/HER PERSONAL TRAVEL  
UPON TERMINATION, INACTIVATION, OR RETIREMENT ONLY FOR TRAVEL ACTUALLY PERFORMED.

ALL RESERVE CORPS OFFICERS ARE IN PROBATIONARY STATUS FOR 3 YEARS FOLLOWING EACH  
CALL TO DUTY (SUBCHAPTER CC23.7, INST.1).  
SHORT TOUR LIMITED TOUR OF DUTY NOT TO EXCEED 04/04/05.  
AIR TRAVEL AUTHORIZED.  
PER DIEM ALLOWANCES AUTH AT DUTY STATION IN ACCORD WITH JFTR U7150-A4.  
AUTOMOBILE RENTAL AUTH BY GSA CONTRACT.

OFCR REVERTS TO PERM GRADE ON RELEASE FROM ACTIVE DUTY.  
THIS TERMINATES INTERMITTENT TOUR EFF 03-22-05.

OFFICIAL  
(Signature)

BY DIRECTION OF THE SURGEON GENERAL

**INSTRUCTIONS FOR FORM PHS-6367  
(Continued)**

- Item 1 - Self-explanatory
- Item 2 - Self-explanatory
- Item 3 - You cannot receive payment for service which begins prior to the effective date of your personnel order, nor can you receive payment for service performed after the relieved-from-active-duty date reflected on your personnel order. As personnel orders cannot be retroactively amended, any problem in your orders must be brought to the attention of the Office of Commissioned Corps Operations immediately. Please call the Division of Commissioned Corps Assignments at 240-453-6125.
- Item 4 - Self-explanatory
- Item 5 - The date you sign this certificate cannot reflect a date earlier than the date you are relieved from active duty.

**PRIVACY ACT NOTICE FOR  
ACTIVE-DUTY CERTIFICATION  
(SHORT TOURS OF LESS THAN 30 DAYS)  
Form PHS-6367**

This statement is provided pursuant to the Privacy Act of 1974 (5 U.S.C. 522a). 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 an officer's pay and allowances while on active duty for a short tour of less than 30 days, based on the date the officer reports to his/her duty station and the allowable travel time. 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 OF NONDISCLOSURE** - Disclosure of the Social Security Number (SSN) 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, if you received a payment based on erroneous information. All statements are subject to verification.