

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service Commissioned Corps
OPTOMETRIST RETENTION SPECIAL PAY (ORSP) AGREEMENT
(Privacy Act Statement on Page 2)

Date Received in CB

1	IDENTIFICATION		
	a. NAME (<i>Last, First, Middle Initial</i>)	b. SOCIAL SECURITY NUMBER	c. PHS SERIAL NUMBER
	d. ORGANIZATION	e. DUTY PHONE NUMBER	f. E-MAIL ADDRESS

2	LENGTH OF AGREEMENT REQUESTED (<i>Check appropriate box</i>)
	I AGREE TO REMAIN ON ACTIVE DUTY IN THE COMMISSIONED CORPS OF THE PUBLIC HEALTH SERVICE (Corps) WITH AN OPTOMETRIST RETENTION SPECIAL PAY (ORSP) OBLIGATION FOR: <input type="checkbox"/> 12 MONTHS payable in the amount of \$6,000.
	If I have completed more than 36 months of active-duty in the Corps, I may elect to enter into a multiyear ORSP agreement for either a 24- or 36-month period payable as follows: <input type="checkbox"/> 24 MONTHS payable in the amount of \$7,000 per year. <input type="checkbox"/> 36 MONTHS payable in the amount of \$8,000 per year.

3	CONDITIONS OF AGREEMENT
	In consideration of payment of the ORSP for which I qualify under 37 U.S.C. 302a(b); Subchapter CC42.2, INSTRUCTION 11, of the Commissioned Corps Personnel Manual (CCPM); and Commissioned Corps Personnel Policy Memorandum (PPM) 04-005 dated 19 August 2004, I hereby agree to the following:
	A. To remain on active duty in the Corps for the agreement period specified above, commencing on the effective date of this agreement.
	B. That I will be paid ORSP in the amount of \$6,000 for a 12-month ORSP obligation; \$7,000 per year for a 24-month OSRP obligation; and \$8,000 per year for a 36-month ORSP obligation.
	C. That subject to Section 6.g. of PPM 04-005, "Earliest Effective Date of ORSP Agreement," the effective date of my ORSP agreement will be as follows:
	(1) The effective date for initial agreement will be the:
	(a) Date I attain eligibility for ORSP provided the completed agreement is received in Program Support Center/Office of Commissioned Corps Support Services (OCCSS)/Compensation Branch (CB), within 60 days after I am initially eligible, and the agreement bears my signature and is notarized within 30 days after I am initially eligible for ORSP;
	(b) Date the completed agreement is notarized if received in OCCSS/CB, within 60 days of the date of eligibility, but has not been notarized within 30 days of the date of initial eligibility; or
	(c) Date the completed notorized agreement is received by OCCSS/CB, if not received by OCCSS/CB within 60 days of the date of my eligibility.
	(d) A later date as specified by me, which is _____, 20_____.
	(2) The effective date for subsequent agreements will be the:
	(a) Date following the date the preceding ORSP agreement expires, provided the completed agreement is received by OCCSS/CB within 60 days after the date of expiration of the previous agreement, and the agreement is signed and notarized on or before the date following the date the preceding agreement expired.
	(b) Date the completed ORSP agreement is notarized if the agreement is received by OCCSS/CB within 60 days after the date of expiration of the agreement, but has not been notarized on or before the date the previous agreement expired.
	(c) Date the completed, notarized ORSP agreement is received by OCCSS/CB if not received by OCCSS/CB within 60 days of the date following the date the preceding agreement expired.
	(d) A later date as specified by me, which is _____, 20_____.
	D. That the provisions contained in regulation Subchapter CC42.2, INSTRUCTION 11, and PPM 04-005 are incorporated into and made part of this agreement. I also agree and understand that:
	(1) The provisions contained in Sections 3 and 9 that relate to the repayment of ORSP will be governed by Section 8 of PPM 04-005. The "unserved agreement period" means the annual period during which the officer terminated. Thus, an officer will be required to refund a pro rata portion of the payment received which represents the unserved portion of that annual payment.
	(2) Section 4 of PPM 04-005 does not apply to officers who are assigned to a training billet and that the term "half-time" training referenced in Section 4.b. has the same meaning as the term "part-time" training used in Subchapter CC25.2, INSTRUCTION 1, "Extramural Training."
	(3) If enrolled in long-term training, I am not eligible for ORSP unless covered by the exceptions listed in Section 4 of PPM 04-005.
	(4) If this agreement is terminated as a result of my separation from active duty, I will be subject to the penalties noted in Section 9 of PPM 04-005.
	E. That any amount which I am obligated to refund because 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. I also agree and understand that late charges may be assessed for payments made after the due date on amount in accordance with applicable laws and regulations of the United States.
	F. That I am not eligible for voluntary retirement for the duration of this agreement.

4	CERTIFICATION
	I certify by signing below that I have read and understand Subchapter CC42.2, INSTRUCTION 11 and PPM 04-005, and I have also read and agree to abide by the terms of the ORSP agreement as stated above.
	SIGNATURE _____ DATE _____

5	NOTARIZATION
	Subscribed and sworn before me this _____ day of _____, in the year 20_____. Affix Seal Here
	in the City of _____, State _____ Zip _____
	_____ (Signature) _____ (Printed Name) _____ Date Commission Expires _____

6	SUPERVISOR'S RECOMMENDATION
	The above named officer is / is not recommended for ORSP. I certify that his/her performance is satisfactory and that he/she is not in an internship or initial residency program.
	_____ (Signature) _____ (Printed Name) _____ DATE _____

7	AGENCY / OPERATING DIVISION / PROGRAM RECOMMENDATION
	The above named officer is / is not recommended for ORSP payment.
	_____ (Signature) _____ (Printed Name) _____ DATE _____

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service Commissioned Corps



**Privacy Act Statement for
Public Health Service Commissioned Corps
"Optometrist Retention Special Pay (ORSP) Agreement
Form PHS-7040 (08/2004)**

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

Principal Purpose: This information is used by the Department of Health and Human Services to record a Public Health Service (PHS) Commissioned Corps officer's eligibility to receive ORSP. If you are selected for award of ORSP, 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 optometry 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.

Routine Uses: Information may be provided to the Internal Revenue Service to resolve matters relating to an individual's tax withholding; to the Federal Retirement Thrift Investment Board to establish eligibility for contributions to the Thrift Savings Plan for Uniformed Service personnel; and to the Department of Justice or State and local governments when a question of conflicting interest is raised concerning a member's eligibility for and payment of bonuses.

Information Regarding Disclosure of Your Social Security Number (SSN): Under Executive Order 9397, Agencies are required to use the SSN as a means of identifying individuals in Agency personnel information systems. Solicitation of your SSN is authorized by this order so that Agencies, by being able to identify you, can ensure that the data furnished is accurately recorded for each employee in the personnel system. It will be used for this purpose only.

Records System: The information provided on this form will become part of record 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; 09-40-0006, PHS Commissioned Corps Payroll Records, HHS/PSC/HRS; 09-40-0010, Pay, Leave and Attendance Records, HHS/PSC/HRS; and 09-40-0011, Proceedings of the Board for Correction of PHS Commissioned Corps Records, HHS/PSC/HRS. A copy of this system notice can be obtained from the office to which you submit these forms.

Disclosure: Voluntary; however, failure to provide complete and accurate information by the time instructed by the PHS Commissioned Corps could result in delays and/or errors in determining eligibility and, therefore, may result in late payment or nonpayment, or be cause for collection of pay if you receive an award based on erroneous information. All statements are subject to verification.