

**INCENTIVE SPECIAL PAY (ISP) - NURSE ANESTHETIST AGREEMENT**  
(Privacy Act Notice on Page 2)

**CB USE ONLY**

DATE REC.:

1	<b>IDENTIFICATION (Print or Type)</b>			CT. DATE:
	a. NAME (Last, First, Middle Initial)	b. GRADE/RANK	c. PHS SERIAL NUMBER	EXP. DATE:
	d. ORGANIZATION	e. DUTY PHONE NUMBER ( )	f. SOCIAL SECURITY NO.	

**2 CONDITIONS OF CONTRACT**

In consideration of payment of a Nurse Special Pay for which I qualify under 37 U.S.C. 302e, I hereby agree to the following:

A. To remain on active duty in the Public Health Service (PHS) Commissioned Corps for the following period from the effective date of this contract (mark and initial correct box):

\_\_\_\_\_ 12 months for \$15,000, if under an obligation for training.       \_\_\_\_\_ 36 months for \$35,000 per year.  
 \_\_\_\_\_ 12 months for \$20,000 without an existing obligation for training.       \_\_\_\_\_ 48 months for \$40,000 per year.  
 \_\_\_\_\_ 24 months for \$25,000 per year.

B. That the effective date of this contract will be one of the following dates, whichever is the latest:

(1) Date I attain eligibility provided the completed contract is received in the Compensation Branch (CB), Office of Commissioned Corps Support Services (OCCSS), within 60 days after I am initially eligible, and the contract bears my signature, notarized within 30 days after I am initially eligible;

(2) Date the completed contract is notarized if received in CB, OCCSS, within 60 days of the date I am initially eligible, but the contract has not been notarized within 30 days of date of initial eligibility;

(3) Date the completed, notarized contract is received in CB, OCCSS, if not received in CB, OCCSS, within 60 days of the date I am initially eligible; or

(4) Later date specified by me, which is \_\_\_\_\_.

C. If this contract is terminated prior to its expiration date:

(1) I will be required to refund a pro rata portion of any payment received pursuant to this contract. The amount of the refund shall be that portion of the payment (1/360th of the annual contract) for each day of the agreed-to period not served; and

(2) Any amount which I am obligated to refund because this contract is terminated 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 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.

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 regulation and policy (Subchapter CC42.2, INSTRUCTION 3, and Subchapter CC22.2, INSTRUCTION 14, respectively, of the Commissioned Corps Personnel Manual) which implement the provisions of 37 U.S.C. 302e are incorporated into and made part of this contract.

F. That if I enter a long-term training program as defined in Subchapter CC25.2, INSTRUCTION 1, of the Commissioned Corps Personnel Manual, this contract shall be terminated and I shall repay an amount as specified in C. above.

**3 CERTIFICATION**

**I certify that I understand and agree to the terms of this contract as stated above.**

SIGNATURE	DATE
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**4 NOTARIZATION**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D., \_\_\_\_\_ at \_\_\_\_\_ (year)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_.

SIGNATURE	Date Commission Expires
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**5 OPERATING DIVISION / STAFF DIVISION / NON-HHS ORGANIZATION CERTIFICATION**

**I certify that this officer currently meets the eligibility criteria to receive "Incentive Special Pay - Nurse Anesthetist," and I recommend payment.**

NAME (Print or Type)	SIGNATURE	DATE
TITLE	ORGANIZATION	PHONE NO. ( )

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service (PHS) Commissioned Corps  
Compensation Branch/OCCSS  
5600 Fishers Lane, Room 4-50  
Rockville, MD 20857-0001

**PRIVACY ACT NOTICE FOR  
Incentive Special Pay (ISP) -- Nurse Anesthetist Agreement  
Form PHS-7049**

**Records System:**

09-40-0001, PHS Commissioned Corps General Personnel Records, HHS/PSC/HRS;  
09-40-0003, PHS Commissioned Corps Board Precedings, HHS/PSC/HRS;  
09-40-0006, PHS Commissioned Corps Payroll Records, HHS/PSC/HRS; and  
09-40-0010, Pay, Leave, and Attendance Records, HHS/PSC/HRS.

**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 this information is to determine your eligibility for ISP. If you are selected for award of ISP, 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 PHS nurse 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 (SSN):** Disclosure of the SSN is mandatory under provisions of the Social Security Act, since PHS officers are under Social Security "covered employment" and taxes must be withheld from their salaries. The SSN 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 other. The SSN is also used in connection with lawful requests from PHS 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 SSN 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 identifies can only be distinguished by the SSN.

**Effect of Nondisclosure:** You are required to provide the information requested on this contract to receive ISP. 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.