

**APPLICATION FOR ALLOTMENT OF PAY**

*Please read Privacy Act Statement on back before completing this form*

Deliver to: Commissioned Corps Headquarters  
ATTN: Financial Services Branch  
1101 Wootton Parkway, Suite 300  
Rockville, MD 20852

**For Payroll Use Only**

NAME (Last, First, Middle)

DATE

SOCIAL SECURITY NUMBER

ADDRESS

CITY

STATE

ZIP CODE

WORK PHONE NUMBER

PURPOSE

Insurance    Charity    Dependent Support

ACCOUNT NUMBER (if applicable)

**ALLOTMENT RECIPIENT**

NAME

ADDRESS

CITY

STATE

ZIP

ALLOTMENT (Check One Box)

Initial Authorization   Amount \_\_\_\_\_    Decrease Allotment   From \_\_\_\_\_ To \_\_\_\_\_  
 Increase Allotment   From \_\_\_\_\_ To \_\_\_\_\_    Cancel Authorization

EFFECTIVE DATE FOR ACTION

**REQUEST AND AUTHORIZATION**

I hereby request and authorize the above pay allotment to be initiated and to remain in effect until revoked by me in writing.

SIGNATURE OF ALLOTTER

**ADMINISTRATIVE ACTION (For Payroll Use Only)**

Processed

Verified

**Application for Allotment of Pay -- PHS-6173**

***Privacy Act Notification Statement***

**General:**

The following information provided to you as required by the Privacy Act of 1974 (5 U.S.C. 552a). The form is part of the following system of records: 09-40-0010, "Pay, Leave and Attendance Records," HHS/PSC/HRS, and 09-40-0001, "PHS Commissioned Corps General Personnel Records," HHS/PSC/HRS.

**Authority for Collection of Information:**

Title 37, U.S. Code, Section 704 (P.L. 87-649 Revision and Codification of Title 37 -- Pay and Allowances of Uniformed Services), and Executive Order 9397.

**Principal Purpose and Routine Uses:**

The information provided on this form will be used to process your allotment of pay to a financial organization or other designee. The information may also be used under exceptional circumstances for other purposes including, but not limited to, the following:

1. To respond to court orders for garnishment of an employee's pay for alimony or child support.
2. To respond to court orders from the Internal Revenue Service for garnishment of an employee's pay for Federal income tax purposes.
3. To respond to Federal, State, or local agencies investigating or prosecuting a violation of law.

**Effects of Nondisclosure:**

Disclosure of your Social Security Number (SSN) is mandatory. The SSN is requested for identification purposes. Failure to supply complete and accurate information may result in delays and/or denial of the allotment request.