

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service Commissioned Corps  
Division of Commissioned Personnel

For Payroll Use Only

**APPLICATION FOR ALLOTMENT OF PAY**  
**(For Additional Montgomery G.I. Bill Benefits)**

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

Deliver to: Division of Commissioned Personnel  
ATTN: Veterans Education Assistance  
5600 Fishers Lane, Room 4-20  
Rockville, MD 20857-0001

1. NAME (Last, First, Middle)

2. DATE

3. SOCIAL SECURITY NUMBER

4. ADDRESS

5. CITY

6. STATE

7. ZIP CODE

8. WORK PHONE NUMBER (Include  
Area Code)

9. CHECK ONE BOX

- Lump Sum Payment of \$600. Personal check is attached and made out to the Department of Health and Human Services. No deduction from pay will be made.
- Lump sum Payment of \$\_\_\_\_\_ and deduct \$\_\_\_\_\_ from pay for \_\_\_\_\_ months to = \$600. Personal check is attached and made out to the Department of Health and Human Services. Deduction must be a multiple of \$4 and a minimum of \$24.
- Deduct \$\_\_\_\_\_ per month for \_\_\_\_\_ months (must equal \$600). Deduction must be a multiple of \$4 and a minimum of \$24.

10. REQUEST AND AUTHORIZATION

I hereby request and authorize the above pay allotment to be initiated.

SIGNATURE OF ALLOTTER

DATE

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

OSB Clearance

Processed

Verified

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**Privacy Act Statement**  
**PHS-7039, Application for Allotment of Pay**  
**(For Additional Montgomery G.I. Bill Benefits)**

**General:**

This statement is provided pursuant to the Privacy Act of 1974 (5 U.S.C. 552a).

This form is part of the following system of records:

09-40-0001, Public Health Service Commissioned Corps General Personnel Records, HHS/PSC/HRS, and  
09-40-0006, Public Health Service Commissioned Corps Payroll 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 you are requested to supply on this form will be used to process your allotment of pay to the Department of Veterans Affairs for additional benefits under the Montgomery GI Bill.

**Effects of Nondisclosure:**

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