



CCI 363.01

EFFECTIVE DATE: 14 January 2025

By Order of the Secretary of Health and Human Services:

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SUBJECT: Sick Leave

1. PURPOSE: This Instruction prescribes the policy and procedures for authorizing sick leave to Public Health Service (PHS) officers in the U.S. Public Health Service (USPHS) Commissioned Corps.
2. APPLICABILITY: This Instruction applies to all members of the Regular Corps and Ready Reserve Corps, as authorized, of the USPHS Commissioned Corps.
3. AUTHORITY:
 - 3-1. [42 USC § 210-1](#), "Annual and sick leave"
 - 3-2. [42 USC § 216](#), "Regulations"
 - 3-3. Commissioned Corps Directive (CCD) [127.01](#), "Leave"
 - 3-4. CCD [128.01](#), "Medical Fitness for Duty"
4. PROPONENT: The proponent of this Instruction is the Assistant Secretary for Health (ASH). The Surgeon General (SG) is responsible for providing supervision of activities relating to the day-to-day operations of the USPHS Commissioned Corps. The Director, Commissioned Corps Headquarters (CCHQ), under the supervision and guidance of the Deputy Surgeon General (DSG), provides overall management of USPHS Commissioned Corps personnel operations and processes.
5. SUMMARY OF REVISIONS AND UPDATES: This is the third issuance of this Instruction within the electronic Commissioned Corps Issuance System (CCIS) and replaces Commissioned Corps Instruction (CCI) 363.01, "Sick Leave," dated 05 December 2016. This version:
 - 5-1. Extends applicability to members of the Ready Reserve Corps.
 - 5-2. Updates authorities.
 - 5-3. Substitutes USPHS Commissioned Corps and PHS officer where "Corps" and "officer" was used throughout Instruction.
 - 5-4. Replaces the "leave granting authority" as the Leave Authorizing Officer (LAO) throughout this Instruction.

- 5-5. Includes a definition for “sick leave” in Section 6-1.a. and a definition for “healthcare provider” in Section 6-1.j.
- 5-6. Specifies the authority of the ASH, SG, or Director, CCHQ to authorize, if necessary, a Command Directed Evaluation (CDE) in Section 6-3.
- 5-7. Revises criteria regarding the necessary medical documentation required for absences due to illness/hospitalization of 30 consecutive days or more in Section 6-3.
- 5-8. Removes “maternity leave” as a specific subset of sick leave.
- 5-9. Specifies eCORPS or an equivalent USPHS CCHQ designated system for tracking and requesting sick/station leave throughout this Instruction.
- 5-10. Includes the general responsibilities for the Director, CCHQ in Section 7-3.

6. POLICY:

6-1. General.

- a. Sick leave is a period of absence (of at least one day) authorized by the USPHS Commissioned Corps to PHS officers receiving medical care, including the prescribed treatment for recovery and recuperation (e.g., recovery from an illness, recovery and rehabilitation following orthopedic surgery, recovery from childbirth, etc.) or when incapacitated by physical or mental illness. It cannot be used to care for a spouse, family member, or anyone other than the officer.
- b. Sick leave is not chargeable to an officer's annual leave (AL) balance (see CCI 361.01).
- c. Unlike with AL, officers do not accrue sick leave. Sick leave may be requested and authorized as needed to officers. However, as outlined sick leave is not without limits.
- d. If an officer is hospitalized or a healthcare provider determines the officer must take a leave of absence for medical reasons, any previously authorized AL for the period of the needed sick leave automatically terminates immediately.
- e. An officer's immediate or first line supervisor (hereinafter known as supervisor) is normally the Leave Authorizing Officer (LAO) and for the purposes of this Instruction, the supervisor is the LAO. However, Operating Divisions (OPDIVs), Staff Divisions (STAFFDIVs) or non-HHS organizations may require a second level of approval and oversight over sick leave requests (e.g., memo, agency specific form, email).
- f. All sick leave must be requested, authorized, and recorded in the official leave system designated by CCHQ (i.e., electronic Commissioned Officer Resources Processing System (eCORPS) or equivalent CCHQ-designated system of record for leave. Officers may refer to [eCORPS](#) Leave Request System Manual for Commissioned Officers for operational guidance.
- g. The USPHS Commissioned Corps will not postpone an involuntary separation or a previously authorized voluntary separation to permit an officer to remain on active-duty status for sick leave.
- h. An officer who is absent from duty because of the death or illness of a family member must request AL, not sick leave, unless the absence is for less than one full workday, in which case station leave (absence of less than one full workday) may be authorized (see [CCI 361.01](#), "Leave of Absence; General"). However, in cases of the sudden and unexpected death of a spouse or child, sick leave may be authorized for mental health counseling and related care of the officer.
- i. An officer who requires non-emergency specialty care located more than 100 miles from the primary care manager's (PCM) office may be eligible for travel allowances in accordance with the JTR. The officer's primary care provider will make a referral for specialty care. The MTF where the officer is enrolled, or the TRICARE regional contractor will authorize the referral.
- j. For the purposes of this Instruction, "healthcare provider" is limited to a licensed physician, physician assistant, nurse practitioner, or another licensed professional (e.g., licensed psychologist; licensed dentist) in a category approved by the Medical Affairs Branch (MAB), CCHQ.

- 6-2. Authorizing Sick Leave. PHS officers will only be authorized sick leave when in need of medical, dental, or mental health services or when incapacitated by physical or mental sickness, injury, or pregnancy and childbirth (including postpartum recovery). While officers must obtain authorized sick leave for planned medical procedures before the event, officers can request sick leave for emergent care after the fact.
- a. Absences of One Full Workday or More. Officers must request and obtain authorization from their LAO for an absence due to sickness (illness) or incapacitation when they cannot perform their duties for a full workday or more. The LAO may request a note from a medical or healthcare provider for a sick leave absence of at least one day.
 - b. Absences of Less than One Full Workday. The LAO may require officers to submit a request for station leave for absences of less than one full day for medical, dental, or mental health services (e.g., appointments) that do not require a full-day absence from their duty station. Unless the officer obtains a written recommendation from a medical, dental, mental, or other qualified healthcare provider, they must return to their duty station (including their home if teleworking or working remotely) upon completion of the relevant medical, dental, or mental health service and complete their workday.
 - c. For absences referenced in Sub-sections 6-2.a. and 6-2.b., officers must request either sick leave (for a full day) or station leave (for less than a full day), as appropriate, from their LAO via eCORPS or equivalent CCHQ-designated system of record for leave. If an authorized absence of less than one day turns into a full day or longer, the officer must obtain a new authorization for the absence in accordance with Sub-section 6-2.a.
- 6-3. Documentation of Illness. The LAO may require a statement from the PHS officer's healthcare provider stating the need for medical services and/or a period of incapacitation. This statement or documentation to the LAO must not include confidential or protected health documentation. For sick leave absences more than three (3) full consecutive workdays (or for a lesser period when determined necessary), the LAO, MAB, Director, CCHQ, or the SG (or designee) may also require a qualified healthcare provider's documentation of illness/injury or period of incapacitation.
- a. This documentation may be subject to review, either by requiring a concurrent second opinion or review by MAB of the certifying healthcare provider's records of care. Documentation of illness, if requested by the LAO, for absences of at least three (3) days (or for a lesser period when determined necessary), must include:
 - (1) Officers full name;
 - (2) Date/Time of health evaluation;
 - (3) Anticipated date of return to duty;
 - (4) Any physical limitations upon return to duty; and
 - (5) Any necessary documents that MAB requests for its review of the absence.
 - b. Normally, the USPHS Commissioned Corps will not deny sick leave after the absence has occurred if the sick leave is supported by documentation from a healthcare provider, unless the review of records indicates that the documentation was clearly unfounded and/or the officer misrepresented the sick leave status. In such case, MAB may review the records to determine if a second opinion by a

healthcare provider of equal or higher professional qualification is needed to determine if this sick leave should be denied.

- c. Officers must provide MAB with medical, dental, or other healthcare provider documentation and copies of pertinent health records at the end of each 30 full days of continuous absence (the 30 days include scheduled non-workdays such as weekends and holidays). The documentation must include:

- (1) Statement(s) by a physician or other qualified healthcare provider of the officer's current medical diagnoses;
- (2) The officers' current medical status;
- (3) The officers' previous and current treatment plan for the condition necessitating the sick leave;
- (4) Whether or not the officer will require temporary modifications of duty upon return to the duty station;
- (5) An estimate as to when the officer will be able to return to limited and/or full duty; and
- (6) Any other relevant information deemed necessary by the SG or designee, Director, CCHQ, and/or MAB.

Note: Copies of treatment records that contain a single entry of the items listed in Sub-section 6-3.c. can be substituted for the medical note/report.

- d. If an officer knows they will require over 30 days of sick leave (e.g., scheduled surgery), the officer must submit the clinical documentation listed in Sub-section 6-3.c to MAB as soon as it is known that they will require the leave. This documentation must be updated and uploaded (as a single PDF file) to eDOC-U (under "Sick Leave Medical Documentation") every 30 consecutive days that an officer is on sick leave (i.e., 30 days, 60 days, 90 days, etc.) and at the end of the authorized sick leave period.
- e. In accordance with [CCI 221.02](#), "Medical Readiness," the ASH, SG, DSG, or Director, CCHQ may authorize, if deemed necessary, a Command Directed Evaluation (CDE) of an officer's fitness for duty. In a CDE or when the LAO or the SG (or designee) requests a medical review, MAB is responsible for the review of medical records. MAB will provide recommendations to the LAO and the SG (or designee).

6-4. Referral to a Medical Review Board (MRB).

- a. MAB will review all PHS officers absence from duty authorized by this Instruction that are for a period of more than 90 consecutive full days, or for an aggregate of more than 120 non-consecutive days in any consecutive 12-month period, for consideration of a fitness-for-duty evaluation and potential referral to an MRB (see [CCI 393.01](#), "Medical Review Board").
- b. The officer's LAO will notify MAB of sick leave actually taken that meets the criteria outlined in Sub-section 6-6.a.
- c. For the purposes of this Section, MAB may consider partial-day absences (i.e., station leave in accordance with Section 6-2.b.) that exceed four (4) hours, or

if the use of station leave is considered excessive for the officer's condition(s) or if the absences have affected the officer's performance of their assigned duties.

- 6-5. Denial of Sick Leave. The SG, or designee may deny a PHS officer sick leave under the following circumstances:
- a. The officer has requested voluntary separation, including voluntary retirement, from the USPHS Commissioned Corps and becomes ill immediately prior to the effective date of separation. In this case, the USPHS Commissioned Corps may authorize sick leave and postpone the separation action if the officer, the HHS OPDIV/STAFFDIV or non-HHS organization, and the SG (or designee), all agree to such postponement.
 - b. The SG or designee or the LAO may cancel, revoke, or deny previously authorized sick leave should MAB's investigation and/or review of medical records do not support the sick leave request. In such instances the SG or designee or the LAO may:
 - (1) Allow the officer to take AL to cover the period of unexplained sick leave; or
 - (2) Replace the unexplained sick leave with absent without leave (AWOL) status.
- 6-6. Ineligibility for Benefits. PHS officers are not eligible for benefits under the following acts:
- a. Family and Medical Leave Act of 1993 (29 U.S.C. § 2611);
 - b. Americans with Disabilities Act of 1990, as amended (42 U.S.C. § 12101); and
 - c. The Rehabilitation Act of 1973, as amended (29 U.S.C § 701).
- 6-7. Officer Confidentiality.
- a. Officer personnel records are subject to the Privacy Act of 1974 and 42 USC § 290dd-2, "Confidentiality of records," as applicable.
 - b. Medical records are subject to PL 104-191, "Health Insurance Portability and Accountability Act (HIPAA) of 1996," and implementing regulations, as applicable.

RESPONSIBILITIES:

- 7-1. The ASH will promulgate any additional Instructions necessary to implement the provisions of this Instruction.
- 7-2. The SG or designee has the authority to authorize leave and can delegate this authority to the HHS OPDIV/STAFFDIV Heads or non-HHS organizations to which PHS officers are assigned based on the Memorandum of Agreement (MOA), if applicable, with further delegation authorization to an officer's LAO. The SG or designee:
- a. Is responsible for ensuring that appropriate healthcare documents are received by CCHQ on all PHS officers using excessive sick leave or on prolonged sick leave.
 - b. May refer cases to MAB, when appropriate, of a CDE for a determination on an officer's fitness for continued duty.

- 7-3. The Director, CCHQ, is responsible for the overall administration and management of all the personnel processes listed in this Instruction and any operational guidelines established by the SG. The Director, CCHQ, may further delegate the authorities in this Instruction, unless otherwise prohibited.
- 7-4. The supervisor of a PHS officer is normally the delegated LAO or first line/direct reporting supervisor. Additionally, the supervisor may refer the officer to MAB for an evaluation and/or investigation of the officer's medical condition when there is adequate reason to suspect that an officer's healthcare provider may not be supplying full or accurate information regarding the officer's capacity to work in either a full duty or limited duty status or if the officer has used an excessive amount of sick leave. The supervisor must:
- a. Ensure the reasons for authorizing sick leave to an officer and submitting sick leave documents are provided in accordance with this Instruction.
 - b. Notify other agency personnel as appropriate when an officer communicates, they are unable to report to duty for medical reasons.
 - c. Notify MAB immediately for the following:
 - (1) The officer fails to report to duty because of serious illness or injury;
 - (2) The officer requires the use of sick leave because of a medical condition which may have existed prior to the officer's call to active duty;
 - (3) The officer has been, or is expected to be on sick leave for 30 or more consecutive days;
 - (4) The officer is hospitalized in an MTF, private or civilian hospital; and/or
 - (5) The officer's sick leave usage is suggestive of leave abuse or a serious health problem so that a determination needs to be made regarding the officer's health status.
- 7-5. MAB is responsible for:
- a. Maintaining, in each officer's central medical file, documentation of sick leave over 30 consecutive days and reports of medical evaluations, and treatments; and
 - b. Reporting to the SG, or designee, officers' sick leave absences from duty because of sickness or disability for a period of more than 90 consecutive days or an aggregate of more than 120 days in a consecutive 12-month period.
- 7-6. PHS officers are responsible for adhering to the guidelines and procedures listed in this Instruction, as well as any additional guidance provided by the SG or Director, CCHQ, or their designees. Officers' must:
- a. Obtain authorization for sick leave from their immediate LAO when absent from their assigned place of duty due to an illness/injury/incapacitation. If the officer does not make direct contact with LAOs, the officer has no guarantee that the requested sick leave will be authorized;
 - b. Notify their LAO as soon as practicable when they become incapacitated for duty or are in need of medical services;

- c. Keep their LAO informed of their whereabouts always during the period of sick leave. In the event the officer is incapacitated or otherwise unable to contact their LAO directly, a relative, dependent, etc. may do so on their behalf; and
- d. Inform their LAO of the most convenient means of making contact while on sick leave, at the times or intervals designated by the supervisor. In the event the officer is unable to contact their LAO directly, a relative, dependent, etc. may do so on their behalf.

Note: Unjustifiable inaccessibility or absence from the authorized location (see Sub-section 7-6.c.), except when obtaining necessary treatment for their illness, while on sick leave may result in retroactive conversion of some or all the sick leave to AWOL status.

- e. Request sick leave, in advance, when sick leave is required for prearranged medical services including cases of pregnancy and recovery after delivery;
- f. Provide documentation from a healthcare provider when the LAO requests documentation to make an administrative determination of the necessity for sick leave and to plan for programmatic needs;
- g. Cooperate fully with a request for a CDE;
- h. Report to the duty station and perform duties within functional limitations specified by the opinion of a healthcare provider, as defined in Section 6-1.j of this Instruction, if requested by the LAO;
- i. Obtain from the Chief of MAB, or designee, in advance, authorization from the SG (or designee) for financial support for travel incident to healthcare outside the local area and for non-emergent care from all healthcare providers other than MTFs in accordance with the JTR (see JTR, Section 033007). If care received from one of these providers is emergent, not allowing for preauthorization or access to an MTF, MAB must be notified within 72 hours, or as soon as possible, after the care was received; and
- j. Release appropriate and/or requested medical or healthcare documentation and obtain any healthcare documentation required by MAB, necessary to the discharge of MAB's official duties and responsibilities.

8. PROCEDURES:

- 8-1. Sick Leave Request. All officers are required to request and enter leave using eCORPS or CCHQ-designated system of record for leave. The eCORPS system is the primary tracking method for all types of leave. However, if this system is not available, officers should obtain a verbal or email approval for sick leave from their LAO and then submit the request when the system is available.
 - a. Sick leave is requested and submitted in accordance with the eCORPS Leave Request System Manual for Commissioned Officers or leave record system designated by CCHQ.
 - b. The LAO must authorize a request for each period of sick leave of one full day or more (sick leave), and, at their discretion, may require approval for absences of less than one full day (station leave).
 - c. All requests for sick leave must include weekends (Saturday and Sunday), holidays, and non-duty days (e.g., weekdays).

- d. The USPHS Commissioned Corps may count a continuous period of leave, most of which is sick leave, punctuated by station leave used for medical appointments, as a continuous period of sick leave.
9. HISTORY: This is the third issuance of this Instruction within the electronic CCIS. It replaces:
 - 9-1. CCI 363.01, "Sick Leave," dated 5 December 2016.
 - 9-2. CCI 363.01, "Sick Leave," dated 16 February 2012.
 - 9-3. Commissioned Corps Personnel Manual (CCPM) CC29.1.4, "Sick Leave," dated 25 September 1997.