

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Chapter 23--Staffing
Subchapter 23.3--Appointment
Personnel INSTRUCTION 8--Limited Tours of Active Duty

CONTENTS

<u>Section</u>	<u>Subject</u>	<u>Page</u>
A.	Purpose and Scope	1
B.	Authority	2
C.	Definitions	3
D.	Limited Tours	3
E.	Policy	5
F.	Responsibilities	6
G.	Privacy Act Provisions	8
Exhibit I	Form PHS-1662, "Request for Personnel Action"	9
Exhibit II	Form PHS-6351, "Limited Tour of Duty Statement of Understanding"	11
Exhibit III	Form PHS-1373, "Separation of Commissioned Officer"	12

Section A. Purpose and Scope

1. This INSTRUCTION prescribes the policies and procedures, and assigns responsibilities pertinent to call to active duty (CAD) of officers in the Public Health Service (PHS) Commissioned Corps on medical, program, and license limited tours of duty.

2. This INSTRUCTION establishes guidelines for the use of Form PHS-1662, "Request for Personnel Action" to request the CAD of an applicant and the extension of or removal of a program limited tour of duty on an officer; Form PHS-6351, "Limited Tour of Duty Statement of Understanding"; and Form PHS-1373, "Separation of Commissioned Officer" to request the separation of an officer from active duty.
3. This INSTRUCTION does not apply to:
 - a. A CAD for a short tour (see Section C(2), below, for definition). This includes short tours of duty under the Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP) (see Commissioned Corps Personnel Manual (CCPM), INSTRUCTION 4, Subchapter CC25.2), and the CAD of an inactive reserve corps officer with his/her consent, when there is a need for his/her professional specialty by a Department of Health and Human (HHS) program as part of the normal activities of HHS (see INSTRUCTION 1, Subchapter CC23.0, "PHS Inactive Reserve Corps"). For policy and procedures relative to other short tours of active duty, see INSTRUCTION 9, Subchapter CC23.5, "Short Tours of Active Duty"; and
 - b. The recall to active duty of a retired officer with his/her consent for a specified period of time with an option for extension (see INSTRUCTION 3, Subchapter CC23.5, "Recall of Retired Officers to Active Duty").
 - c. Extramural training programs are excluded from limited tours of duty.
4. Officers already on active duty cannot be placed on limited tours of duty.

Section B. Authority

1. The authority to establish policy and procedure for the call to duty of officers in PHS is prescribed in 42 USC 204. The authority to administer the PHS Commissioned Corps is prescribed in 42 U.S.C. 216. The authority for daily administration of the PHS Commissioned Corps has been delegated to the Director, Division of Commissioned Personnel (DCP), Human Resources Service (HRS), Program Support Center (PSC).
2. Section 207(a)(2) of the PHS Act (42 U.S.C. 209(a)(2)) specifies that commissions of reserve corps officers may be terminated at any time as the President may direct. Section 215(a) of the PHS Act (42 U.S.C. 216(a)) provides authority for the President to prescribe regulations that terminate the commissions of PHS commissioned officers.

Regulations contained in INSTRUCTION 1, Subchapter CC43.7, "Separation of Officers in the Regular and Reserve Corps Without Consent of the Officers Involved," provide authority to terminate the commission of a reserve corps officer who is CAD for a specified period of time.

Section C. Definitions

1. Limited Tour of Duty. A CAD of a reserve corps officer by a personnel order which limits the tour of active duty to a specified period of time based upon specific circumstances as described in Section D. of this INSTRUCTION.
2. Short Tour of Duty. A CAD of an officer from the inactive reserve for a continuous period not to exceed 120 days, the beginning and terminal dates of which are specified in the CAD personnel order.

Section D. Limited Tours

1. General
 - a. Under circumstances described below, a reserve corps officer may be CAD by a personnel order which specifies particular conditions that prescribe the length of the tour of active duty. THE LIMITATION WITH THE SHORTEST DURATION OF TIME WILL TAKE PRECEDENCE.
 - b. Form PHS-1662 (Exhibit I) will be used to request, amend, extend, or remove program limited tours of duty.
2. Medical Limited Tour. A candidate who does not meet physical standards for extended active duty in the PHS Commissioned Corps, but who is otherwise qualified, may be offered an appointment and CAD for a limited period with or without an option for extension. Such tours will be for a period of 1, 2, 3, or 4 years. 4-Year medical limited tours may be granted only to medical and nurse officers when shorter period would interfere with special pay contracts available to officers in those categories. See INSTRUCTION 6, Subchapter CC23.3, "Exception to Medical Requirements for Limited Tours of Active Duty in Reserve Corps."

Medical limited tours can be terminated before the specific end-date of the limited tour of duty, as specified on the CAD personnel order, in certain circumstances. Medical limited tours will not be extended beyond 6 years from the last CAD date. Medical limited tours will be extended only if the officer still meets medical limited tour physical standards.

After separation, should the candidate be found later to meet physical standards for career appointment, the previous limited tour of duty would create no obligation to retroactive benefits of any kind.

3. License Limited Tour. A candidate who does not meet the licensure requirement for extended active duty in the PHS Commissioned Corps, but who is otherwise qualified, may be CAD for a limited period. See INSTRUCTION 4, Subchapter CC23.3, "Appointment Standards and Appointment Boards."

Evidence of licensure is required for removal of the limitation and retention in the PHS Commissioned Corps. See INSTRUCTION 4, Subchapter CC26.1, "Professional Licensure/Certification Requirements for Health Care Providers in the Public Health Service."

4. Program Limited Tours

- a. All National Health Service Corps (NHSC) scholarship recipients assigned to NHSC will be placed on tours of active duty for the period of obligated service unless there are extenuating health or program-limiting conditions which take precedence.
- b. Participants in the Clinical or Research Associate program, both intramural and extramural, administered by the National Institutes of Health (NIH) and the Food and Drug Administration for their programs, or those of other components of HHS, who are placed in appropriate entry level billets, may be placed on initial limited tours of active duty of not less than 2 years. The limited tour period may be extended in increments of not less than 1 year or more, except that the limited tour end-date will not be extended beyond a date 10 years after the date the officer is initially CAD as a Clinical or Research Associate. Any extension requests must be forwarded to DCP for approval.

Officers who are CAD and placed into a tenure track billet, may be placed on initial limited tours of active duty of not less than 2 years. The limited tour period may be extended in increments of not less than 1 year or more, except that the limited tour end-date will not be extended beyond a date 6 years after the most recent date the officer was CAD. Any extension requests must be made by the Operating Division (OPDIV) or Program using Form PHS-1662, and approved by the Director, DCP.

- c. Participants in the Epidemic Intelligence Service (EIS) program and/or the PHS Epidemiology Training/Experience program who are appointed in the PHS Commissioned Corps, will be CAD on tours limited to a period specified for participation in the program, but tours will not exceed 3 years.

- d. Participants in any intramural postdoctoral residency or fellowship program administered by NIH, who are appointed in the PHS Commissioned Corps, will be CAD on program limited tours and will be placed on an initial limited tour of active duty of not less than 2 years. The limited tour period may be extended in increments of not less than 1 year or more, except that the limited tour end-date will not be extended beyond the expected duration of the residency or fellowship program. An extension request must be made by NIH using Form PHS-1662, and approved by the Director, DCP.

Any officer participating in an intramural postdoctoral residency or fellowship program, which has an extramural sequence in excess of 30 days, must sign a training agreement and be on a tour of active duty that fulfill the long-term training obligation. (See Section E, item 3 of INSTRUCTION 3, Subchapter CC25.2, "Intramural Residency Training Programs," of this manual.)

Section E. Policy

1. The commission of a reserve corps officer CAD under the terms of a personnel order which limits the tour of active duty to a specified period of time, may be terminated without cause on the terminal date of the stipulated period.

An officer, upon request and recommendation of officials of the OPDIV or Program to which he/she is assigned, may be separated from active duty and placed in inactive reserve status if the Director, DCP, determines that there may be a need in the future to call the officer to active duty.

2. The first 3 years of any tour of duty shall be a probationary period as specified by regulations prescribed in INSTRUCTION 1, Subchapter CC43.7, "Separation of Officers in the Regular and Reserve Corps Without Consent of the Officers Involved," and policies and procedures set forth in INSTRUCTION 1, Subchapter CC23.7, "Involuntary Separation During the Probationary Period Served by Officers on Active Duty in the Reserve Corps."
3. During the first 3-year period of his/her tour, an officer is in probationary status and, while in that status, his/her commission as an officer in the PHS Commissioned Corps may be terminated, or the officer may be placed in inactive reserve status in accordance with policies and procedures established by DCP.
4. An officer who completes a limited tour of active duty, as provided under this INSTRUCTION, may become eligible for continued active duty if, during his/her period of limited service:

- a. he/she meets all medical and professional criteria required for extended active duty in the PHS Commissioned Corps;
- b. the OPDIV or Program to which the officer is assigned, requests such change in status in the case of program limited tours; and
- c. final approval is given by the Director, DCP. Approval of medical limited tours and extensions of medical limited tours is done in consultation with the Medical Evaluation Staff in the Medical Affairs Branch (MAB), DCP.

Section F. Responsibilities

1. OPDIV or Program

- a. Upon selecting an applicant being considered for active duty, the OPDIV or Program will counsel him/her, at the time of recruitment, regarding their program limited tour requirements, and their options to end, extend, or remove the program.
- b. The OPDIV or Program is responsible for completing an officer's annual Commissioned Officers' Effectiveness Report (COER) (Form PHS-838), and Status Report on Commissioned Corps Officers During Probation (Form PHS-6385). The OPDIV or Program employing the officer will review his/her performance at the end of 2 years to decide whether the officer is to be recommended for continuation in that OPDIV or Program and in the PHS Commissioned Corps.

If there is a recommendation for separation of an officer during the probationary period, the OPDIV or Program must contact the Adverse Actions Officer in the Office of the Director, DCP, as soon as the decision to recommend separation is made. If the OPDIV or Program determines that the officer is not suited for continuing assignment in the OPDIV or Program, they will make contact with the Officer Development Branch (ODB), DCP, for placement consideration, as appropriate.

- c. It is the responsibility of the OPDIV or Program initiating a CAD on a program limited tour, to submit Form PHS-1662 to request the amendment, extension, or removal of the program limited tour of duty.

OPDIV or Program officials are also responsible for timely processing of Form PHS-1662 to request extensions, reassignments, etc. Personnel orders will not be amended without such requests from the OPDIV or Program concerned. Form PHS-1662 must be received in DCP at least 20 days prior to the effective date of the requested action.

In the absence of a timely official request for personnel action, the officer will be separated from active duty on the date specified on the personnel order which called the officer to the limited tour of active duty. It is mandatory that the timeframes specified in this INSTRUCTION be strictly observed by OPDIV or Program officials.

All authorized travel and terminal leave must be completed by that separation date. Notwithstanding the above, this does not relieve the officer or the program from the necessity of submitting Form PHS-1373 (Exhibit III) when separation is indicated.

- d. When separation is indicated, it is the responsibility of the OPDIV or Program to advise the officer to complete Form PHS-1373 and forward the top copy of the Form to DCP a minimum of 30 days prior to the officer's last day physically present at his/her duty station.

In the event that the officer declines to submit Form PHS-1373 prior to termination of his/her limited tour of duty, it is the OPDIV's or Program's responsibility to submit Form PHS-1373 on the officer's behalf, and to so notify the officer by sending him/her a copy of the submitted Form. In such cases, in order to ensure that the officer receives full separation entitlements, the OPDIV or Program must submit an accurate and completed Form PHS-1373, and should make sure that the Form is received in DCP at least 30 days prior to the officer's last day physically present at his/her duty station. All routine separation requirements will be applied and will not be waived.

2. Officer

- a. Prior to the time of CAD for a limited tour of active duty, the officer must sign a statement furnished by DCP which will acknowledge that the officer understands the conditions under which he/she has agreed to serve in the PHS Commissioned Corps. See Exhibit II, Form PHS-6351, "Limited Tour of Duty Statement of Understanding."
- b. Officers who wish to remain on active duty, are responsible for supplying DCP with the required documentation. To remove a license limited tour of duty, the officer must submit a photocopy of a valid, current, license/registration/certification to ODB, DCP. To remove or request extension of medical limited tour, the necessary medical information must be submitted to the Medical Evaluation Staff, MAB, DCP.
- c. Officers separating from PHS Commissioned Corps at the end of the time specified for the limited tour of active duty, or at any other time, are responsible for the timely submission of Form PHS-1373 in order that separation entitlements are accorded him/her. The original copy

of Form PHS-1373 must be submitted to DCP at least 30 days prior to the last day the officer will be physically present at his/her duty station. See INSTRUCTION 3, Subchapter CC23.6, "Form PHS-1373, Separation of Commissioned Officer." Also, see CCPM Pamphlet No. 32, "Information on Separation."

3. DCP

- a. DCP is responsible for providing the OPDIVs or Programs monthly listings of officers on limited tours, including the type of limitation and the tour end-date;
- b. DCP is responsible for determining whether officers not recommended for continuation in one OPDIV or Program are candidates for possible reassignment to another OPDIV or Program at the end of the limited tour; and
- c. DCP is responsible for the appropriate processing of the requested personnel action.

Section G. Privacy Act Provisions

Personnel records are subject to the Privacy Act of 1974. INSTRUCTION 7, Subchapter CC26.1, "Rights and Responsibilities of the PHS Commissioned Officers Under the Privacy Act of 1974" of this manual, sets forth the procedures to be followed in the maintenance of these records. The applicable system of records is 09-37-0002, "PHS Commissioned Corps Personnel Records, HHS/OASH/OSG."

EXHIBIT I

Form PHS-1662, "Request for Personnel Action"

PHS-1662
(8/97)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service

REQUEST FOR PERSONNEL ACTION - COMMISSIONED OFFICER

(Read instructions on reverse before completing this form.)

1. NAME (Last, First, Middle Initial)		2. PHONE NUMBERS (Include area code)	
3a. SSAN		3b. PHS SERIAL NUMBER	3c. CATEGORY
3d. GRADE		3e. GRADE	
4a. OPDV / PROGRAM CONTACT		4b. OPDV / PROGRAM CONTACT PHONE NUMBER	
5. TYPE OF ACTION REQUESTED			
<input type="checkbox"/> CAS - GENERAL DUTY <input type="checkbox"/> TRANSFER <input type="checkbox"/> BELAY UPDATE <input type="checkbox"/> LIMITED TOUR _____ YEARS <input type="checkbox"/> CAS - JUDGE/STP <input type="checkbox"/> ASSIGNED P.O. <input type="checkbox"/> REASSIGNMENT <input type="checkbox"/> LEAVE: <input type="checkbox"/> REMOVE <input type="checkbox"/> EXTEND <input type="checkbox"/> CAS - RESERVE <input type="checkbox"/> DETAIL <input type="checkbox"/> TRAINING: <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> REDCALL FROM <input type="checkbox"/> INACTIVE <input type="checkbox"/> RESTORED			
6a. ASSIGNMENT INFORMATION/DATES (Must provide effective date. Provide other data if applicable to type of action. Use monthly for dates.)		6b. CONCURRENCE INFORMATION	
1. Effective Date	4. Subsequent Obligation - Number of Years	1. Concurrence/Release given by:	
2. Date Received From Old Duty Station	5. Training Obligation End Date	2. Phone number: () 3. Date:	
3. Reporting Date	6. Start Tour/COSTEP End Date	6c. APPROVED LEAVE EN ROUTE	
		<input type="checkbox"/> YES <input type="checkbox"/> NO DATES (month/year) From: To:	
6d. TRAINING OR DETAIL CODES (Provide only if needed)			
7. DUTY STATIONS			
a. FROM (Current Duty Station)		b. TO (New Duty Station)	
ADMINISTRATIVE CODE:			
BULLET NUMBER / TITLE:			
OPDV / AGENCY / SUBSAL:			
DIV / BRANCH / SECTION:			
MAILSTOP / ROOM NUMBER:			
COMPLETE ADDRESS: Building, Room, City, State, ZIP Code			
8. TEMPORARY DUTY EN ROUTE <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, add to item 2)		8a. MODE OF TRAVEL: Air, RV, Ground, Other	
DATES (month/year) From: To:		8b. SPECIFIC SCHEDULE/ITINERARY (if needed)	
LOCATION:			
REASON:			
10. SPECIAL TRAVEL ALLOWANCES OR INSTRUCTIONS			
11. NEW ACQUISITION INFORMATION			
a. CAN PAY? :	b. ANIL PL (PAY) ? :	c. DA/T (PAY) ? :	d. CAN (TV) ? :
e. ANIL PL (TV) ? :			
12. REMARKS (if applicable, include training processor name/phone number)			
13. DIVISION AND OPDV / PROGRAM CLEARANCE AND APPROVAL - Submission of this form to DCP by the requesting program certifies that all applicable hiring or assignment restrictions and security clearance requirements for that position have been met. (Check as appropriate)			
a. SECURITY INFORMATION		b. TOP	c. WORKS WITH CHILDREN
<input type="checkbox"/> Non-Sensitive Position <input type="checkbox"/> Sensitive Position Date Initiated: _____ Control Identification: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		d. NDS (Research Officer Grant)	e. NDS (TERRITORY STATUS)
		<input type="checkbox"/> Yes <input type="checkbox"/> Change <input type="checkbox"/> No	<input type="checkbox"/> A (Assigned/Assigned) <input type="checkbox"/> H (Hired/ROG) <input type="checkbox"/> F (Follow) <input type="checkbox"/> R (Retired) <input type="checkbox"/> C (Future Trust)
14. APPROVAL (Print or type Name First - Last - Last, Title and Date.)			
BUDGET OFFICIAL - NAME		TITLE	SIGNATURE
			DATE
1ST REQUESTING OFFICIAL - NAME		TITLE	SIGNATURE
			DATE
2ND REQUESTING OFFICIAL - NAME		TITLE	SIGNATURE
			DATE
OPDV / PROGRAM UNION OFFICIAL - NAME		TITLE	SIGNATURE
			DATE
15. DIVISION OF COMMISSIONED PERSONNEL (DCP) CLEARANCE			
Comments, if any:		SIGNATURE OF DCP OFFICIAL	
		DATE	
FOR DCP USE ONLY	Message:	Number of Days Travel:	OO ODS PSB
			TAS CS MAB

EXHIBIT I (Continued)

Form PHS-1662, "Request for Personnel Action"

PHS-1662
08/97

INSTRUCTIONS FOR COMPLETING FORM PHS-1662 (Rev. 6/97)

An additional sheet of plain paper may be added to complete answers, if necessary.
Be sure to put officer's/applicant's name and Social Security Number (SSAN) on additional sheets.

See INSTRUCTION 2, Subchapter CC23.6 of the Commissioned Corps Personnel Manual (CCPM), for additional information.

PLEASE TYPE OR PRINT LEGIBLY

After completing this form, forward original and 2 copies to the Division of Commissioned Personnel/HRS/PSC, ATTN: TAS, Room 4-20, 5600 Fishers Lane, Rockville, MD 20857-0001, AT LEAST 30 CALENDAR DAYS BEFORE EFFECTIVE DATE OF REQUESTED ACTION OR 30 CALENDAR DAYS IN THE CASE OF TRAINING. For Calls to Active Duty (CAD) allow additional time, as the 20-day rule does not begin until all of the application materials and the acceptance telegram have been received in the Division of Commissioned Personnel (DCP).

1. Show the officer's/applicant's full name (last name, first name, middle initial) as it appears on official documents.
2. Furnish officer's duty station/work phone number and applicant's work and home phone numbers (include area code).
3. Furnish officer's/applicant's SSAN, PHS Serial Number (SERNO) (if applicable), Category, and Temporary and Permanent grades (if applicable). Category response should be one of the following:

Medical	Scientist	Distatics
Dental	Seminarian	Therapy
Nurse	Veterinary	Health Services
Engineer	Pharmacy	
4. Furnish name and phone number of Operating Division (OPDIV)/Program official to be contacted if further information or clarification is necessary.
5. Indicate nature of action requested. See INSTRUCTION 2, Subchapter CC23.6 of the CCPM for definitions of types of actions.
6. Effective date should be the date you want the personnel order to be effective. Indicate date officer/applicant is to report to his/her new assignment or the last day officer will be at the releasing station. DCP will make adjustments to CAD orders to include time required for travel to initial duty station. [NOTE: Reporting date should not be on a nonwork day such as a holiday or weekend unless the OPDIV/Program specifically wants the officer to report on such a day, and in the case of a CAD the reporting date should not be on the 31st of any month.] Show obligation end date and training obligation end date, if applicable. Name and phone number of official concurring in release date must be furnished. If annual leave on route is approved, so indicate and provide actual dates of annual leave.
7. Furnish officer's current duty station information and "NEW" duty station information. If a CAD order, furnish officer/applicant's home address in item 7(a) "Current Duty Station" and furnish "New" duty station information.
8. If temporary duty en route to new permanent duty station is requested, furnish the specific dates and place at which temporary duty will be performed and the purpose of such request.
9. Show mode of travel and the officer's/applicant's specific schedule if travel is by means other than privately owned vehicle (POV), e.g., air, train, bus, etc.
10. Indicate whether there are any special travel allowances or instructions about travel expenses, e.g., extra baggage, mixed mode, ferry system, etc.
11. Furnish the Common Accounting Number (CAN) for Pay, Accounting Point (Pay) number, Designated Agent/Timekeeper number, CAN for Travel number, and Accounting Point (Travel/Transportation) number of the office to which the officer will be assigned.
12. Use for any additional necessary remarks.
13. It is mandatory to answer all questions concerning required clearances. Authority for:
Testing Designated Position (TDP): See HRS Personnel Manual Instruction 792-5 (INTERDG);
Child Care Services (CCS): See 42 USC 13041E; and
Research Officer Group (ROG): See INSTRUCTION 1, Subchapter CC23.6, of the CCPM.
14. Division and OPDIV/Program officials requesting action must sign and date form. If you have any questions, contact your OPDIV/Program Commissioned Corps Liaison.
15. DCP will sign off and issue a personnel order only after all required documentation is furnished.

EXHIBIT II

Department of Health and Human Services
Human Resources Service
Program Support Center
Division of Commissioned Personnel

LIMITED TOUR OF DUTY
STATEMENT OF UNDERSTANDING

I, _____, (type or print full name), hereby understand that if appointed to the Commissioned Corps of the U.S. Public Health Service, I will be initially appointed as a Reserve Officer. I also understand that I will be placed on a limited tour of active duty as specified in the personnel orders effecting my appointment and call to active duty.

I also understand that my active duty as a Public Health Service officer will conclude at the end of the limited tour approved in the initial orders, unless the date is extended or removed by one or more subsequent orders.

Moreover, I understand that this initial limited tour of duty is usually for 3 years. However, I also understand that in the course of being considered for an appointment, other issues affecting the duration of the initial limited tour of duty may arise. These include, among other things, professional licensure and health conditions. If any such issue applies to me, I understand that I will be informed of it, the more restrictive limited tour of duty that would result from it, and the steps I would have to take to remove it knowing that if I took those steps that the restriction would be removed by a specific personnel order.

Signature

Date

Return this completed Form to:
Division of Commissioned Personnel/HRS/PSC
ATTN: Personnel Services Branch (PSB)
5600 Fishers Lane, Room 4-36
Rockville, Maryland 20857-0001

PHS-6351
(10/91)

EXHIBIT III

Form PHS-1373, "Separation of Commissioned Officer"

PHS 1373
Rev. 10/95

SEPARATION OF COMMISSIONED OFFICER
(See back of last page for instructions and Privacy Act Notice)

DATE RECEIVED IN OCP

THIS FORM MUST BE RECEIVED IN OCP 30 DAYS PRIOR TO LAST DAY OFFICER IS PHYSICALLY AT HIS/HER DUTY STATION

PART A. TO BE COMPLETED BY OFFICER SEPARATING (Type or Print Name)

1. Name _____ PHS No. _____ 3. Grade

T	P
---	---

 Category: Corps: Reg Res

2. SSN _____

4. Present Station (Organization, Address, ZIP Code): _____ Phone No. _____

5. Type of Separation: Termination Resignation Retirement

6. Reason for Separation:
 Accepting Federal Civilian Employment Accepting Military Appointment Expiration of Limited Tour
 Starting When? _____ Name of Agency: _____ Lesson: _____
 Other _____
 Comments: _____

7. Terminal leave requested: Yes No Terminal leave approved: Yes No
 Actual dates of terminal leave: From _____ To _____
 Last day physically at duty station: _____

8. Payment for unused annual leave is requested.

9. Separation Physical Examination
 I elect to take a physical examination. Station: _____ Date: _____
 OR
 I hereby waive separation physical examination realizing that, after separation, I cannot be reared for disability for any disease or injury incurred in or aggravated by my tour of duty with PHS.

10. Travel and Transportation Requested for self and: Dependents Household Goods or Household Shipment of Auto (Overseas only)

11. Method of travel (Officer only): Private conveyance Commercial common carrier

12. I elect travel to: (As specified in original orders)
 City: _____
 State: _____
 Home of record
 Place from which called to AD
 Home of selection (Reserve only)

13. Permanent Mailing Address After Separation: (Include ZIP Code) _____ Phone No. _____

 (Date) _____ (Signature of officer separating)

DO NOT LEAVE YOUR DUTY STATION WITHOUT VERIFICATION THAT PERSONNEL ORDER HAS BEEN ISSUED.
IT MAY AFFECT YOUR ENTITLEMENTS

PART B. TO BE COMPLETED BY IMMEDIATE SUPERVISOR OF SEPARATING OFFICER

Do you recommend officer for:
 Inactive Reserve Yes No Active duty in the future Yes No

Comments: _____

 (Date) _____ (Signature of immediate supervisor)

PART C. TO BE COMPLETED BY FISCAL/ADMINISTRATIVE OFFICER

1. Pay and allowances chargeable to:
 Common Accounting No. _____
 Travel CAN _____
 Accounting Point _____ Designated Agent _____

2. PON: _____
 Standard Bill? Yes No
 Admin Bill? Yes No

 (Date) _____ (Signature of Fiscal/Administrative Officer)

Comments: _____