

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Chapter CC23--Staffing
Subchapter CC23.6--Personnel Actions
Personnel INSTRUCTION 2-- Use of Form PHS-1662, "Request for Personnel Action"

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Section A. Purpose and Scope

This INSTRUCTION sets forth policy and procedures for the use of the new form PHS-1662, "Request for Personnel Action - Commissioned Officer." Form PHS-1662 is used by the Division of Commissioned Personnel (DCP) to prepare personnel orders which effect actions of officers in the Public Health Service (PHS) Commissioned Corps.

The new form PHS-1662 replaces old form PHS-1662A, "Request for Personnel Action, Call to Active Duty Only - Commissioned Officer" and form PHS-1662B, "Request for Personnel Action, Other Than Call to Active Duty - Commissioned Officer."

Section B. Authorities

The authority to administer the PHS Commissioned Corps is prescribed in 42 U.S.C. 216 of the PHS Act. The authority for daily administration of the PHS Commissioned Corps has been delegated to the Director, DCP, Human Resources Service, Program Support Center.

Section C. Use of Form PHS-1662

1. Detailed instructions for completion of form PHS-1662 are found on the reverse side of the form (see Exhibit I).
2. Form PHS-1662 is used to request all types of personnel actions, excluding separations and retirements. The following types of actions as defined herein are considered as calls to active duty (CAD):
 - a. Extended Active Duty. An appointment of an applicant to the reserve corps without limitation (but subject to probationary period) and without a tour-end date;
 - b. Conversion from Civil Service. Appointment of an applicant to the PHS Commissioned Corps from a position in another Federal personnel system (see Commissioned Corps Personnel Manual (CCPM), INSTRUCTION 1, Subchapter CC23.3, "Appointment of Civil Service Employees to the Public Health Service Commissioned Corps," and INSTRUCTION 3, Subchapter CC29.1, "Transfer of Leave Between Commissioned Corps and Other Federal Leave Systems," of this manual);
 - c. Program Limited Tour. Is a limitation of a tour of active duty of an applicant to a specified period of time based upon specific circumstances, e.g., Clinical, Research, or Staff Associate programs, or Epidemic Intelligence Service program and/or the PHS Epidemiology Training/Experience program (see CCPM, INSTRUCTION 8, Subchapter CC23.3, "Limited Tours of Active Duty," of this manual);
 - d. CAD for Training. Direct assignment of an applicant to an educational institution or training program (other than Senior Commissioned Officer Student Training and Extern Program (SRCOSTEP) for training purposes (see CCPM Regulation, INSTRUCTION 1, Subchapter CC45.2, "Training," of this manual).
 - (1) Junior COSTEP. Assignment of an applicant to Junior COSTEP (see CCPM, INSTRUCTION 4, Subchapter CC25.2, "Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP)," of this manual);

- (2) Senior COSTEP. Assignment of an applicant to Senior COSTEP (see CCPM, INSTRUCTION 5, Subchapter CC25.2, "Senior Commissioned Officer Student Training and Extern Program (SRCOSTEP)," of this manual);
- e. Recall from Retirement. Assignment to tour of active duty after having been placed in retired status (see CCPM, INSTRUCTION 3, Subchapter CC23.5, "Recall of Retired Officers to Active Duty," of this manual);
- f. Recall from Inactive Reserve
- (1) Short Tour. Assignment of an inactive reserve corps officer for a continuous period of active duty not to exceed 120 days (see CCPM, INSTRUCTION 9, Subchapter CC23.5, "Short Tours of Active Duty," of this manual);
- (2) Extended Active Duty. Assignment of an inactive reserve corps officer to active duty for an indefinite period, (see section C.2.a., above);
- (3) Intermittent Tour. Assignment of an inactive reserve corps officer for recurrent periods of active duty (see CCPM, INSTRUCTION 9, Subchapter CC23.5, of this manual); and
- g. Other. Any CAD for an assignment not covered by specific actions listed in this section. For further advice concerning the use of this section, contact the Transactions and Applications Section (TAS), Personnel Services Branch (PSB), DCP.
3. Form PHS-1662 is also used to request the following kinds of personnel actions:
- a. Transfer. Reassignment within the organizational structure of the Department of Health and Human Services (HHS) other than a change of assignment within the officer's duty station with change of administrative code (see C.3.d., below).
- Note: In requesting reassignment from one HHS Agency/Operating Division (OPDIV) or Program to another, the gaining Agency/OPDIV or Program must obtain prior approval of the transfer from the losing Agency/OPDIV or Program and annotate Section 6b (Concurrence Information) of form PHS-1662 accordingly.
- b. Amend Personnel Order. Change information on a previously issued personnel order subject to the conditions noted below;

- (1) A personnel order shall be amended prior to its effective date only if the Agency/OPDIV or Program requests such change sufficiently in advance of the projected effective date.
 - (2) The Comptroller General (CG) has ruled consistently that no personnel order may be amended, cancelled, or revoked retroactively to either increase or decrease vested rights of Government personnel.
- c. Detail. Any special assignment in which a PHS Commissioned Officer is ordered to perform duties prescribed in a memorandum of personnel agreement with an organization outside HHS. (See CCPM, Subchapter CC23.5, of this manual);
 - d. Billet Update. Any change in an officer's assignment which affects his/her duties (see CCPM, INSTRUCTION 4, Subchapter CC23.5, "Billet Program," of this manual);
 - e. Training. Assignment of a PHS Commissioned Officer to an educational institution or training program for full-time or part-time, intramural or extramural training purposes. (See CCPM Regulation, INSTRUCTION 1, Subchapter CC45.2);
 - f. Extend Tour-End Date. Change end date specified in original personnel order to a later end date for the tour of duty;
 - g. Remove Tour-End Date. Remove date specified in original personnel order as end date for tour of duty; and
 - h. Other. Specific actions required other than those listed herein, e.g., temporary duty pending further orders, and reorganizations.

Section D. Responsibilities

1. Agency/OPDIV or Program. Agency/OPDIV or Program officials are responsible for:
 - a. Initiating form PHS-1662 requesting personnel action and ensuring that form PHS-1662 is filled out completely and accurately with the required information and is sent through the appropriate channels for signatures. If there is an Agency/OPDIV or a Program-imposed scholarship obligation, the obligation end date should be provided;

- b. Ensuring that form PHS-1662, except in the case of training, is received in DCP at least 10 calendar days in advance of the requested effective date of the action, when there is no geographic relocation, recognizing that such timing is imperative for the execution and delivery of timely personnel orders to officers;
- c. Ensuring that form PHS-1662, except in the case of training, is received in DCP at least 20 calendar days in advance of the requested effective date of the action, when there is a geographic relocation, recognizing that such timing is imperative for the execution and delivery of timely personnel orders to officers;
- d. Ensuring that form PHS-1662, in the case of training, is received in DCP at least 30 calendar days in advance of the requested effective date of the action;

Note. The 20 or 30-calendar day time period begins only after all commissioning and reassignment prerequisites have been met. For commissioning, these prior conditions would include appointment boarding, medical and suitability clearances, licensure verification, waivers, and conditional releases. For reassignment, the conditions would include all clearances, licensure verification, and other relevant requirements of the proposed assignment. All appointment and reassignment requirements shall be completed before DCP issues personnel orders.

- e. Ensuring that the last signer on form PHS-1662 is the Agency/OPDIV or Program Liaison to the Office of the Surgeon General (OSG), who shall be responsible for the validity of all other signatures on the forms;
 - f. Providing to TAS, PSB, a memorandum, which includes the typed names, titles, and signatures of officials in their programs who are authorized to approve form PHS-1662. Changes in officials authorized to sign forms PHS-1662 are to be submitted promptly as organizational changes occur and/or officials are reassigned. Forms PHS-1662 containing incomplete information, unauthorized signatures or lacking proper signature authorizations will not be processed, but will be returned to the submitting Agency/OPDIVs or Programs; and
 - g. Designating a specific contact person or the Agency/OPDIV or Program Liaison as the contact with DCP for ascertaining any additional information required by DCP.
2. Division of Commissioned Personnel. DCP is responsible for:
- a. Reviewing and processing form PHS-1662 in accordance with DCP internal operating procedures; and

- b. Issuing a personnel order after all required documentation is furnished and upon satisfactory clearance of the appropriate form.

Section E. Privacy Act Provisions

Personnel records are subject to the Privacy Act of 1974. 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)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
REQUEST FOR PERSONNEL ACTION - COMMISSIONED OFFICER
(Read instructions on reverse before completing this form.)


 PHS-1662

1. NAME (Last, First, Middle Initial)		2. PHONE NUMBERS (include area code)	
3a. SSAN		3b. PHS SERIAL NUMBER	
3c. CATEGORY		3d. GRADE	
4a. OPDIV / PROGRAM CONTACT		4b. OPDIV / PROGRAM CONTACT PHONE NUMBER	
5. TYPE OF ACTION REQUESTED <input type="checkbox"/> OTHER			
<input type="checkbox"/> CAS - SERIAL DUTY <input type="checkbox"/> TRANSFER <input type="checkbox"/> CAS - JRODSTP <input type="checkbox"/> JRODSTP # <input type="checkbox"/> CAS - ERDOSTP <input type="checkbox"/> DETAIL		<input type="checkbox"/> BILLET UPDATE <input type="checkbox"/> LIMITED TOUR _____ YEARS <input type="checkbox"/> REASSIGNMENT <input type="checkbox"/> LAST: <input type="radio"/> REMOVE <input type="radio"/> EXTEND <input type="checkbox"/> TRANSFER: <input type="radio"/> IN <input type="radio"/> OUT <input type="checkbox"/> RECALL FROM <input type="radio"/> INACTIVE <input type="radio"/> RETIRED	
6a. ASSIGNMENT INFORMATION/DATES (Must provide Effective Date. Provide other date if applicable to type of order. Use mm/dd/yy for dates.)		6b. CONCURRENCE INFORMATION	
1. Effective Date	4. Scholarship Obligation - Number of Years	1. Concurrent/Release given by:	2. Date:
2. Date Released From Old Duty Station	5. Training Obligation End Date	3. APPROVED LEAVE EN ROUTE <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Reporting Date	6. Start Year/COBTEP End Date	DATES mm/dd/yy From: To:	
6d. TRAINING OR DETAIL CODES (Provide only if needed)			
7. DUTY STATIONS		7. TO New Duty Station	
a. FROM (Current Duty Station)		b. TO New Duty Station	
ADMINISTRATIVE CODE:			
BILLET NUMBER / TITLE:			
OPDIV / AGENCY / BUREAU:			
DIV / BRANCH / SECTION:			
MAILSTOP / ROOM NUMBER:			
COMPLETE ADDRESS: Building, Street, City, State, ZIP Code			
8. TEMPORARY DUTY EN ROUTE <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, stop to turn off)		8a. MODE OF TRAVEL: (See PDV, Commuter Carrier)	
DATES mm/dd/yy From: Through:		8b. SPECIFIC SCHEDULE/ITINERARY (if needed)	
LOCATION:			
REASON:			
10. SPECIAL TRAVEL ALLOWANCES OR RESTRICTIONS			
11. NEW ACCOUNTING INFORMATION			
a. CAN (PAY) #:	b. Ass. Pt. (PAY) #:	c. DA/Traveller #:	d. CAN (TVL) #:
e. Ass. Pt. (TVL) #:			
12. REMARKS (if applicable, include training instructor name/phone number)			
13. DIVISION AND OPDIV / 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 this position have been met. (Check as appropriate)			
4. SECURITY INFORMATION		5. WORKS WITH CHILDREN	
<input type="checkbox"/> Non-Sensitive Position <input type="checkbox"/> Sensitive Position <small>Date Individual Cleared (mm/dd/yy):</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. TOP <input type="checkbox"/> Yes <input type="checkbox"/> No		7. RQD (Research Officer Group) <input type="checkbox"/> Yes <input type="checkbox"/> Change <input type="checkbox"/> No	
8. RQD STATUS <input type="checkbox"/> A (Unass/Unassumed) <input type="checkbox"/> H (Ass-RQD) <input type="checkbox"/> P (Partner) <input type="checkbox"/> R (Termed) <input type="checkbox"/> X (Retired Trust)			
14. APPROVAL (Print or type Name (Last - M.I. - Last), Title and Date.)			
BUDGET OFFICIAL - NAME	TITLE	SIGNATURE	DATE
1ST REQUESTING OFFICIAL - NAME	TITLE	SIGNATURE	DATE
2ND REQUESTING OFFICIAL - NAME	TITLE	SIGNATURE	DATE
AGENCY/OPDIV/PROGRAM LIAISON OFFICIAL - NAME	TITLE	SIGNATURE	DATE
15. DIVISION OF COMMISSIONED PERSONNEL (DCP) CLEARANCE		SIGNATURE OF DCP OFFICIAL	
Comments, if any:		DATE	
FOR DCP USE ONLY	Mileage:	Number of Days Travel:	DD
			ODS
			FSB
			MAB
			TAS
			CB

Continued by Extension, Department Form 1662-02 (01) 02-2001

EXHIBIT I (continued)

Form PHS-1662 (Request for Personnel Action)

PHS-1662
(6/97)

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 to the Division of Commissioned Personnel/HRSP/PC, ATTN: TAS, Room 4-20, 5600 Fishers Lane, Rockville, MD 20857-0001, AT LEAST 20 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 response 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	Dietetics
Dental	Sanitarian	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. For orders with travel, this is the day travel begins. 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 en 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 HHS Personnel Manual Instruction 792-5 (INTERIM);
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.