

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service

Chapter 24--Travel and Transportation
Subchapter CC24.1--General
Personnel INSTRUCTION 1--Home of Selection; Entitlements for Travel of
Officers and Transportation of Dependents and
Household Goods

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Section A. Purpose and Scope

1. This INSTRUCTION sets forth Public Health Service (PHS) policy and procedures for travel and transportation of a PHS Commissioned Corps officer and his/her dependents and household goods (HHG) to the home of selection.

2. If any information in this INSTRUCTION is in conflict with the provisions of the Joint Federal Travel Regulations (JFTR) existing on the date of an officer's retirement, the JFTR shall take precedence over the provisions of this INSTRUCTION.
3. CCPM Pamphlet No. 24, "Information on Commissioned Officers Retirement," should be consulted by officers considering retirement. This pamphlet is distributed by the Personnel Services Branch, Division of Commissioned Personnel (DCP), Parklawn Building, Room 4-35, Rockville, MD 20857-0001.

Section B. Authorities

1. The basic authorities for allowances described in this INSTRUCTION are set forth in 37 U.S.C. 406.
2. The JFTR, Volume 1, Chapter 5, Part B, provides authority for members of the uniformed services to transport household goods (HHG) and personal effects to a home of selection.
3. The authority to administer the PHS Commissioned Corps is prescribed in 42 U.S.C. 216. This authority has been delegated by the Assistant Secretary for Health to the Surgeon General as part of the general authority to administer the PHS Commissioned Corps and is published at 53 Federal Register 5046-5047, February 19, 1988. The Surgeon General has delegated the authority for daily administration of the PHS Commissioned Corps to the Director, Division of Commissioned Personnel (DCP), Office of the Surgeon General.

Section C. Home of Selection

1. The home of selection is a place selected by an officer upon retirement to establish a bona fide residence. It must be the place where the officer actually intends to reside; otherwise, he/she may forfeit his/her right to travel for him/herself and dependents and shipment of HHG.
2. If, at the time of retirement, the officer has not decided upon his/her home of selection, such selection may be deferred. However, travel and transportation of HHG must be completed within one year from the effective date of the officer's retirement except as specified in Section D.2.c. and d., below.
3. Once a home is selected and transportation in kind or a Government travel request is furnished and used for travel thereto, or a travel and transportation allowance is received after such travel is completed, the selection of the home is irrevocable.

Section D. Entitlements for Officers

1. Eligibility. An officer on active duty may select a home and receive travel and transportation allowances to it from the last duty station, if such officer:
 - a. Is retiring for physical disability;
 - b. Has his/her name placed on the temporary disability retired list, without regard to length of service; or
 - c. Is separated with severance or separation pay immediately following at least eight years of continuous active duty with no single break therein of more than ninety days.

2. Officer's Travel
 - a. Before an officer can receive travel allowances or ship his/her HHG, an original retirement personnel order, or an amendment thereto if the home of selection is specified later, shall be effected authorizing travel to his/her specified home of selection.
 - b. After an officer has performed travel to his/her home of selection, the proper voucher shall be submitted in accordance with procedures set forth in Section G, below.
 - c. If, on the day of retirement, an officer is undergoing hospitalization or medical treatment which prevents him/her from traveling to the home of selection, travel and transportation entitlements may be extended for a period of one year after the date of termination of the hospitalization or medical treatment.
 - d. If, at any time prior to the first anniversary of the officer's retirement, he/she is required to undergo hospitalization or medical treatment which will prevent him/her from traveling to the home of selection, travel and transportation entitlements may be extended beyond the one year time limit for a period equal to the period of the hospitalization or medical treatment.
 - e. An officer in the circumstances described in c. and d., above, should direct a request for extension of the time period to the Director, DCP. The request must show how the hospitalization or medical treatment extending from the date of retirement prevented exercising home of selection entitlements. The request must be accompanied by a statement from the responsible medical officer giving the dates of discharge or release from treatment, and confirming that the officer was unable to travel to a home of selection due to a medical condition. Approved requests will be reflected by the issuance of an amendment to the retirement personnel order.

3. Household Goods. The total weight of all HHG shipped under an officer's retirement personnel order is subject to the maximum weight allowances prescribed for his/her pay grade on the effective date of his/her retirement.
- a. Shipment. An officer eligible to select a home is entitled to ship the approved permanent change of station weight allowance of HHG from the last duty station or from any place in the United States to which the goods were previously transported at Government expense, or in any combination thereof, to the home selected by the officer for the purpose of receiving travel allowances.
- (1) Shipment is authorized to a place other than the officer's home of selection or in part to such home and part to some other place, provided the officer shall bear the costs in excess of the costs of shipment in one lot to the home of selection, home of record, or place from which ordered to active duty, whichever provides the greatest entitlement.
 - (2) If the officer had 18 or more years of active service on November 1, 1981, he/she may select a home anywhere in the world and PHS will pay travel and transportation costs to that place. If the officer had less than 18 years of active service on November 1, 1981, he/she may select a home anywhere in the continental U.S., Alaska, or Hawaii, or a place outside the U.S. from which he/she was originally ordered to active duty.
 - (3) Shipment of HHG to the home of selection must begin within one year from the date of retirement unless an extension has been granted by the Director, DCP, Office of the Surgeon General. When HHG are not shipped prior to the expiration of the time limit, the officer will lose entitlement to shipment at Government expense.
- b. Temporary Storage (See JFTR U5365) Entitlement to ship HHG at Government expense to an officer's home of selection automatically includes entitlement to temporary storage of 90 days. Storage may be at the place of origin, in transit, at destination, or any combination. Under certain conditions, an additional period not to exceed 90 days may be authorized or approved. However, the maximum temporary storage time which may be at Government expense is 180 days. See INSTRUCTION 6, Subchapter CC24.6, "Temporary Storage," of this manual.
- c. Nontemporary Storage
- (1) As an alternative to the procedure in b., above, an officer entitled to select a home is entitled to nontemporary storage. This entitlement includes drayage, packing, and crating necessary to place HHG in the designated storage facility. Storage must be in a commercial facility nearest to the place where HHG are located at the time of retirement. Nontemporary storage is not

authorized after shipment of HHG to the home of selection. Nontemporary storage is authorized for a period not to exceed one year from date of retirement unless extended (see 3.d., below).

(2) Shipment and storage are subject to the following limitations:

(a) When all HHG are placed in nontemporary storage, the officer may subsequently ship the HHG from the place of storage to the home of selection, or to another point, as provided in a., above, but only to the extent that the weight of the goods does not exceed the officer's authorized permanent change of station weight allowance. HHG must be removed from nontemporary storage for shipment on or before one year from the date of retirement.

(b) When an officer desires to ship part of the goods and to place the remainder in nontemporary storage, the weight of the goods to be shipped plus the weight to be stored may not exceed the officer's weight allowance.

(c) When an officer places HHG in nontemporary storage at the place where the HHG are located at the time of retirement, and later selects a home in the vicinity of the place of nontemporary storage, the officer will be entitled to drayage from storage to the new residence and unpacking at the new residence.

d. Temporary Storage Following Nontemporary Storage. Temporary storage in connection with a shipment from nontemporary storage to the home of selection is not authorized, except when:

(1) Conditions beyond the control of an officer (or dependent, if applicable) arise after shipment from nontemporary storage; and

(2) Temporary storage is authorized or approved by the Director, DCP.

e. Privately Owned Vehicle (POV). An officer who is eligible to select a home overseas may have an American-purchased POV transported overseas. PHS will designate the port serving the last duty station and the port serving the city which the officer has selected as his/her home of selection. Personnel orders will reflect the place selected by the officer in such cases, thereby providing authority.

Section E. Travel of Dependents

1. Dependents of an officer eligible to select a home may travel at Government expense from the officer's last duty station, or the place to which the dependents were last transported at Government expense, to the home selected by the officer.

2. If an officer's dependents are not at his/her last permanent duty station or other authorized point of origin of travel, he/she may personally procure their transportation and be reimbursed for that amount of travel not to exceed what it would have cost to use direct routes on a contract carrier.
3. Dependents must complete travel to the home of selection within the time limit applicable to the officer except in certain instances when an officer or dependent undergoing hospitalization or medical treatment on or after the date of termination of active duty. (See Section D.2.c. and d., above.)
4. Reimbursement for dependents' travel is not authorized prior to the date the officer actually selects a home, except when the officer dies prior to such selection, in which event the dependents may select a home. The age of dependent children on the date of retirement determines the entitlement for reimbursement.

Section F. Entitlements for Survivors

1. When an officer dies after selecting a home and claiming travel allowances to that home, the officer's surviving dependents are entitled to the following whether or not the officer had traveled to the home selected:
 - a. Travel at Government expense to the home selected by the officer or to some other place selected by the dependents. The amount allowed shall not exceed the cost of travel to the home selected by the officer from the last duty station or from the place to which the dependents were last transported at Government expense.
 - b. Provided they have not been previously shipped under the officer's retirement orders, shipment of HHG is authorized to the home of selection or to some other place selected by the dependents, or partly to each, provided the dependents shall bear all costs in excess of the costs of shipment in one lot to the home selected by the officer.
2. When an officer dies prior to selection of a home and before claiming travel allowances for travel only to a home of selection, the officer's surviving dependents are entitled to the following:
 - a. Travel at Government expense to a home selected by the dependents from the last duty station or from the place to which the dependents were last transported at Government expense.
 - b. Upon request of the officer's dependents, shipment of HHG may be authorized at Government expense to a home they select or to some other place, or partly to each, provided that they shall bear all costs in excess of the costs of shipment in one lot to the home selected.
3. Dependents of deceased officers may telephone the DCP Survivor Assistance Officer during normal business hours at 1-800-638-8744 for assistance, if necessary.

Section G. Procedure to Claim Travel Reimbursement

1. The required voucher forms are included in the retirement packet provided to each officer by DCP prior to retirement. These forms, SF 1012, "Travel Voucher," (Exhibit I) and PHS-2988, "Voucher for Reimbursement for Travel (Dependents of PHS Commissioned Officers)," (Exhibit II) shall be completed when travel to the home of selection is completed and submitted to the accounting point specified in the retirement orders for payment of travel allowances.
2. When an officer dies after retirement or placement on the temporary disability retired list, DCP issues a personnel order announcing the death. This personnel order, in addition to the one authorizing retirement, shall be the authority for the travel of dependents and transportation of household goods. Dependents shall fill out the form PHS-2988, submit one copy to the accounting point listed in the officer's retirement orders and retain the other for their records.

Section H. Privacy Act Provisions

Personnel records are subject to the Privacy Act of 1974. The applicable systems of records are 09-37-0002, "PHS Commissioned Corps General Personnel Records, HHS/OASH/OSG"; and 09-37-0008, "PHS Commissioned Corps Unofficial Personnel Files and Other Station Files, HHS/OASH/OSG."

EXHIBIT I - Standard Form 1012 "Travel Voucher"

| | | | | | | | |
|---|---|--|---|---|---------------------------|--|--|
| TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i> | | 1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE | | 2. TYPE OF TRAVEL <input type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION | | 3. VOUCHER NO. | |
| | | | | | | 4. SCHEDULE NO. | |
| TRAVELER (PAYEE) | 5. a. NAME (Last, first, middle initial) | | | b. SOCIAL SECURITY NO. | | 6. PERIOD OF TRAVEL a. FROM b. TO | |
| | c. MAILING ADDRESS (Include ZIP Code) | | | d. OFFICE TELEPHONE NO. | | 7. TRAVEL AUTHORIZATION a. NUMBER(S) b. DATE(S) | |
| | e. PRESENT DUTY STATION | | | f. RESIDENCE (City and State) | | | |
| | | | | | | 10. CHECK NO. | |
| 8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash) d. Balance outstanding | | | 9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE | | | 11. PAID BY | |
| 12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.) | | I hereby assign to the United States any right I may have against any parties in connection with reimbursement for transportation charges described below, purchased under cash payment procedure (FPMR 101-7) ▶ <i>Traveler's Initials</i> | | | | | |
| | | AGENT'S VALUATION OF TICKET (a) | ISSUING CARRIER (Initials) (b) | MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c) | DATE ISSUED (d) | POINTS OF TRAVEL FROM (e) TO (f) | |
| | | | | | | | |
| 13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. | | | | | | | |
| TRAVELER SIGN HERE ▶ | | | | DATE | | AMOUNT CLAIMED ▶ \$ | |
| <i>NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 207, .id. 1001).</i> | | | | | | | |
| 14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).) | | | | 17. FOR FINANCE OFFICE USE ONLY COMPUTATION | | | |
| APPROVING OFFICIAL SIGN HERE ▶ | | | | DATE | | a. DIFFERENCES, IF ANY (Explain and show amount) | |
| 15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION | | | | b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION | | | |
| a. VOUCHER NO. | | b. D.D. SYMBOL | | c. MONTH & YEAR | | c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): | |
| 16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT | | | | d. NET TO TRAVELER ▶ \$ | | | |
| AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ | | | | DATE | | | |
| 18. ACCOUNTING CLASSIFICATION | | | | | | | |

SP 12-116

N3N 75NO-00-638-4180

STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

EXHIBIT II - PHS-2988
"Voucher for Reimbursement for Travel
Dependents of PHS Commissioned Officers"

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Public Health Service

VOUCHER FOR REIMBURSEMENT FOR TRAVEL
DEPENDENTS OF PHS COMMISSIONED OFFICERS

(Please PRINT or TYPE)

| | | |
|---|--------------------------|--------------------|
| | | D. O. VOUCHER NO. |
| | | BUREAU VOUCHER NO. |
| AGENCY / DIVISION / BUREAU / CENTER / AREA OFFICE | | PAID BY |
| PAYEE (Full Name) | Social Security Number | |
| MAILING ADDRESS (Include Zip Code) | | |
| OFFICIAL DUTY STATION | P.O. NO. DATE OF P.O. | |

CERTIFICATION OF CLAIMANT

Payment is requested for travel by persons listed below who were my dependents on the effective date of applicable orders or other authority; such travel was actually performed with the intent of establishing a bona-fide residence. (If any of the dependents claimed are other than a lawful spouse or unmarried legitimate child(ren) under 21 years of age, complete appropriate certificate on reverse.)

| FULL NAME | RELATIONSHIP TO OFFICER | BIRTH DATE OF CHILDREN |
|-----------|-------------------------|------------------------|
| | | |
| | | |
| | | |

LOCATION OF DEPENDENTS (On date of receipt of orders/authority—Street, City, State, Zip Code) DATE OF DEPARTURE

DESIGNATED DESTINATION OF DEPENDENT(S) (Street, City, State, Zip Code) DATE OF ARRIVAL

NOTE: When travel is from other than the vicinity of the old station or to other than the vicinity of the new station, explain circumstances on the reverse.

| | | |
|--|--|------------------------------------|
| GOVERNMENT TRANSPORTATION FURNISHED | MODE OF TRAVEL (Rail, air, etc. If none, so state) | T. R. NO. (If used, attached copy) |
| | PLACE OF DEPARTURE (Date) | DESTINATION (Date of Arrival) |

TRAVEL COVERED BY THIS CLAIM REPRESENTS ENTIRE TRAVEL OF ALL MY DEPENDENTS ON THIS CHANGE OF STATION EXCEPT:

PENALTY FOR PRESENTING FRAUDULENT CLAIM—Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (Title 18, U.S.C. 287, id. 1001)

FORFEITURE OF FRAUDULENT CLAIM—Falsification of an item in an expense account will forfeit the claim. (Title 28, U.S.C. 2514)

| | | |
|---------------------------|---|------|
| CERTIFICATION | I CERTIFY that this voucher and attachments are correct and just in all respects and that payment therefore has not been received. No prior claim has been presented by me or any member of my family for the travel of dependents as claimed herein. | |
| SIGN ORIGINAL ONLY | SIGNATURE OF PAYEE | DATE |

| | | |
|--|-----------|----------------------|
| AUTHORIZED ALLOWANCE (From) | (To) | APPROVED FOR: |
| DISLOCATION ALLOWANCE <input type="checkbox"/> YES <input type="checkbox"/> NO | AMOUNT \$ | |
| MILEAGE | | |

ACCOUNTING CLASSIFICATION (Appropriations Symbol must be shown; other classification optional)

PHS-2988 (Rev. 9/92)

EXHIBIT II (continued)

CERTIFICATE OF DEPENDENCY

A certificate of dependency is required for a dependent spouse; dependent natural, step, and adopted children; dependent parents; dependent children over 21 years of age who are mentally or physically incapacitated; and unmarried dependent children who are under 23 years of age and are or will be attending a school in the United States for the purpose of obtaining a secondary or undergraduate college education.

CERTIFICATE OF PROOF OF DEPENDENCY

I CERTIFY that my dependent(s) _____ named in this claim (reverse side) is/are in fact dependent upon me and that evidence of dependency has been filed on appropriate forms and accepted by proper authority.

NOTE: In the case of a dependent parent, the certificate of dependency must be approved annually.

| | |
|----------------------|------|
| SIGNATURE OF OFFICER | DATE |
|----------------------|------|

ADDITIONAL CERTIFICATE OF RESIDENCE OF PARENT

I CERTIFY that my dependent(s) _____ resided as a member of my household at the time of receipt of applicable orders or other authority and resided as a member of my household established incident to the change of station.

| | |
|-----------------------|------|
| SIGNATURE OF CLAIMANT | DATE |
|-----------------------|------|

ADDITIONAL CERTIFICATE FOR STEPCHILD(REN)

I CERTIFY that _____ the mother/father of the stepchild(ren) named in this claim was my legal spouse at the time this travel was performed.

| | |
|-----------------------|------|
| SIGNATURE OF CLAIMANT | DATE |
|-----------------------|------|

ADDITIONAL INFORMATION (This space may be used by claimant for any additional information which is necessary in settlement of this claim)

**Privacy Act Statement for
Voucher for Reimbursement for Travel
Dependents of PHS Commissioned Officers
Form PHS-2988**

This statement is provided pursuant to the Privacy Act of 1974 (5 U.S.C. 552a). Our authority to collect this information is 37 U.S.C. 403; 42 U.S.C. 202 et seq.; and Executive Order 9397, "Numbering System for Federal Accounts Relating to Individual Persons."

The information provided is used to certify the dependency status of the persons for whom travel reimbursement is requested. The other uses which may be made of this information are described in the system notice for records system 09-37-0002, "PHS Commissioned Corps General Personnel Records, HHS/OASH/OSG." A copy of this system notice may be obtained from the office to which you submit this form.

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

PHS-2988 (BACK)
Rev. 9/92

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