A SUPERVISOR'S GUIDE
TO THE
COMMISSIONED PERSONNEL SYSTEM
1999
PREFACE

This pamphlet is published as part of the Commissioned Corps Personnel Manual (CCPM) for Public Health Service (PHS) Commissioned Corps officers’ supervisors, and is for informational purposes only. Official PHS Commissioned Corps policies and procedures are set forth in applicable statutes, regulations, CCPM INSTRUCTIONS and amendments thereto. Conflicting guidance should be discussed with Operating Division/Program (OPDIV) personnel officials or the Division of Commissioned Personnel (DCP).

DIVISION OF COMMISSIONED PERSONNEL’S (DCP) OFFICIAL WEB SITE

DCP’s official Internet web site <http://dcp.psc.gov> contains the CCPM, most CCPM Pamphlets (including this pamphlet), a number of PHS forms, the Commissioned Corps Bulletin, and other information supervisors might find useful.

The PHS Commissioned Corps web site <http://www.dhhs.gov/phs/corps> provides information about the Corps to anyone interested in its history, personnel system, appointment criteria, and employment opportunities for students and health professionals. Links to the professional category web sites are also contained there.

DIVISION OF COMMISSIONED PERSONNEL’S (DCP) TOLL-FREE PHONE NUMBER -- 1-877-INFO DCP (or 1-877-463-6327)

By utilizing DCP’s toll-free phone number you will be able to access the entire staff of DCP. When you use the toll-free number, your call will be answered with a simple, easy-to-use voice mail system that will effectively route your call.

TO ORDER ADDITIONAL COPIES of this pamphlet, administrative officers and supervisors should contact their OPDIV’s Commissioned Corps Liaison. This pamphlet is also available on the DCP web site <http://dcp.psc.gov>
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INTRODUCTION

HOW TO USE THIS MANUAL

This manual was developed as a reference to be used by supervisors of U.S. Public Health Service (PHS) Commissioned Corps officers. It is divided into sections which describe the supervisor's role in relation to the major components of the PHS Commissioned Corps personnel system. It explains how the commissioned corps is administered and the supervisor's role in its administration.

Each topic is normally divided into the four sections:

1. Key Concepts
2. Procedures
3. Paperwork
4. Help

If you know very little about a subject, you may wish to start with Key Concepts. This section explains the rules, policy, or guiding principles related to the topic.

If you understand the topic, but want to know how to take that type of action, refer to Procedures. This section describes the steps to be taken by the supervisor to perform the indicated action.

If you know the procedures, but cannot remember all the forms and reports that must be submitted, use the Paperwork section. This section explains the forms, reports, and other written steps the supervisor must take or coordinate. Also, see “List 3” for a list of frequently used forms.

Finally, when you cannot find the answers you need in the first three sections, turn to any of the written or human aids. The Help section shows what written references can be used, what assistance can be obtained from staff of the Division of Commissioned Personnel (DCP), and where problems and questions should be directed.

You will need to add special information to this manual about your particular Operating Division (OPDIV) or Program. You need to know which offices in your OPDIV should be involved in particular actions and the proper program channels to use when working with the commissioned corps personnel system.

TOOLS NEEDED TO SUPERVISE A PHS COMMISSIONED OFFICER

In order to supervise commissioned corps officers, three tools are needed.

1. Knowledge. To effectively supervise a commissioned officer you need knowledge about:

   a. general supervisory skills and concerns, such as responsibilities, authorities, prerogatives, techniques, and requirements set forth for Federal supervisory personnel, and your role as leader of your work group in the accomplishment of specific work objectives and the overall mission of the program in which you work;
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b. major elements of the commissioned corps personnel system, such as those described in this pamphlet;

c. the channels in your organization that should be used when seeking information and taking actions in the commissioned corps personnel system; and

d. the Division of Commissioned Personnel (DCP), Human Resources Service, Program Support Center, Department of Health and Human Services (HHS) administers the commissioned corps personnel system.

2. Written Guides. Many written aids, such as this pamphlet, exist to assist you in making day-to-day decisions about commissioned officers under your supervision. These include:

a. the Commissioned Corps Personnel Manual (CCPM), which contains regulations, policy, procedure, and guidance about all aspects of the commissioned corps personnel system;

b. the commissioned corps informational series of pamphlets, which informally explain specific topics and actions related to commissioned officers; and

c. forms designed exclusively for use by supervisors and the commissioned officers under their authority.

Note: Many of the above items are available on the DCP web site: <http://dcp.psc.gov>

3. Human Resources. There are people throughout HHS’ OPDIVs and the other Programs using commissioned officers who specialize in various functions related to the commissioned corps personnel system. These include:

a. program managers who are responsible for acting as liaison between an OPDIV/Program and DCP for management and policy matters related to the use of commissioned officers;

b. administrative personnel who specialize in processing personnel actions and who perform administrative tasks for officers assigned to their OPDIVs/Programs; and

c. DCP personnel who can provide specialized guidance about every aspect of the commissioned corps personnel system. The staff exists to assist officers, supervisors, and program management to help make the best use of each officer and the personnel system in general.

DCP ORGANIZATION AND FUNCTION

Key Concepts

1. The commissioned corps is centrally administered by DCP, a servicing personnel office that develops most policy and procedures related to the personnel system. Table 1 shows the OPDIVs within HHS, and Table 2 shows the organization and function of each DCP component.
2. Regulations, policies, and procedures for the commissioned personnel system are contained in the CCPM.

3. Each OPDIV/Program has a unique method of working with DCP when handling matters concerning commissioned officers. Each OPDIV/Program has a designated Surgeon General’s Policy Advisory Council Representative. Each OPDIV/Program also has a Commissioned Corps Liaison who interacts with DCP. You should learn the method used by your OPDIV/Program, since you can be helped through the individuals designated by your OPDIV/Program to act as liaison with DCP. By working together, you and your program can ensure that all actions are accomplished quickly and correctly.

4. Contact the appropriate DCP branch when you have questions. The functions of each component of DCP are summarized as follows:

(Note: DCP’s toll-free number is 1-877-INFO DCP (or 1-877-463-6327). By utilizing the toll-free phone number you will be able to access the entire staff of DCP. When you use the toll-free number, your call will be answered with a simple, easy-to-use voice mail system that will effectively route your call.)

a. Office of the Director (OD) - 301-594-3000: The Director’s office is responsible for the day-to-day administration of the Corps and legislative proposals affecting the Corps, officer’s misconduct, grievance procedures, equal opportunity issues, the Division’s Internet web sites, publications, the leave systems (except sick leave), the Commissioned Corps Bulletin, and issues that are not the responsibility of any of the DCP branches.

b. Personnel Services Branch (PSB) - 301-594-3108: This branch is responsible for policies and procedures regarding the promotion and assimilation of an officer, performance review of officers, Corps awards program, uniforms, billets, Defense Enrollment Eligibility Reporting System (identification cards), and maintenance of the Official Personnel Folder (OPF) and associated Privacy Act and Freedom of Information Act activity.

Transactions and Applications Section (TAS) - 301-594-3544: TAS is a section of the Personnel Services Branch and is responsible for policies and procedures for personnel actions, for issuing personnel orders, and for the standards for an individual seeking appointment as a commissioned officer.

c. Medical Affairs Branch (MAB) - 301-594-6330: This branch is responsible for policy and procedure development and administration in the areas of applicant physical qualification, medical limited tours, sick leave use, fitness-for-duty, and disability separation. This branch is also responsible for the overall management of health care access for active-duty officers and the fiscal management of health care claims for active-duty and retired officers of PHS and the National Oceanic and Atmospheric Administration (NOAA), and NOAA wage marines. The branch maintains the health records for an officer including records of sick leave. Note: OPDIVs and promotion boards do not have access to confidential medical information.

d. Information Services Branch (ISB) - 301-443-3077: This branch is responsible for the computer systems that support the commissioned corps personnel, payroll, and management information
e. systems. This includes systems development, modification, and maintenance; the production of personnel orders, payroll data including check and bond transactions for the U.S. Treasury; and the operation of an in-house data processing facility to support those functions. ISB provides on-line and Internet based query capability to authorized users of commissioned corps data, and provides production reports to the Department of Veterans Affairs, Department of the Treasury, Internal Revenue Service, Social Security Administration, and other customers within and outside the Department. ISB provides monthly stipend payments to National Health Service Corps and Indian Health Service scholarship recipients, and is also responsible for Form W-2 and Form 1099 processing, payroll reconciliation and payroll certification, and an interactive voice response system.

f. Officer Development Branch (ODB) - 301-594-3360: This branch provides consultation, assistance, and services to OPDIVs, Professional Advisory Committees (PAC), Chief Professional Officers (CPO), applicants, and officers to build and support a cadre of health professionals through activities that facilitate career development and access to benefits. The branch interprets the Joint Federal Travel Regulations (JFTR), oversees long-term training, and provides career counseling/planning and officer advocacy and activities which are designed to assist officers and OPDIVs in matching career preferences/qualifications with vacancies. Staffing officers are available for assistance in developing career strategies, OPF reviews in person or by telephone, assistance with interagency reassignment/transfers, and assistance in resolving issues when OPDIV/Program involvement has been unsuccessful or is not indicated. The branch monitors the professional licensure, certification and/or registration of active-duty officers, and oversees the Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP), Senior COSTEP (SRCOSTEP), and the Inactive Reserve Corps (IRC).

g. Compensation Branch - 301-594-2963: Contact this branch when you have questions about active-duty pay or allowances; retirement and retired pay matters; annuity payments; additional special pays for physicians, dentists, nurses, or other categories; assistance to officers, families, and survivors in obtaining benefits to which they are entitled; or indebtedness or garnishment of pay.

### TABLE 1

<table>
<thead>
<tr>
<th>OPERATING DIVISIONS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency for Health Care Policy and Research</td>
</tr>
<tr>
<td>Agency for Toxic Substances and Disease Registry</td>
</tr>
<tr>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>Food and Drug Administration</td>
</tr>
<tr>
<td>Health Resources and Services Administration</td>
</tr>
<tr>
<td>Indian Health Service</td>
</tr>
<tr>
<td>National Institutes of Health</td>
</tr>
<tr>
<td>Program Support Center</td>
</tr>
<tr>
<td>Substance Abuse and Mental Health Services Administration</td>
</tr>
</tbody>
</table>
TABLE 2
DIVISION OF COMMISSIONED PERSONNEL ORGANIZATION CHART

- Office of the Director
- Compensation Branch (CB)
- Information Services Branch (ISB)
- Medical Affairs Branch (MAB)
- Officer Development Branch (ODB)
- Personnel Services Branch (PSB)

REGULAR AND RESERVE CORPS

Key Concepts

The PHS Commissioned Corps is an all officer personnel system comprised entirely of health professionals. It is one of the seven Uniformed Services of the U.S., along with the Army, Navy, Air Force, Marine Corps, Coast Guard, and the Commissioned Corps of the National Oceanic and Atmospheric Administration. The health professional categories for PHS are shown on Table 3.

TABLE 3
PROFESSIONAL CATEGORIES

All officers, depending upon their qualifying degrees, are placed in one of the following 11 professional categories:

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>ABBREV.</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>MED</td>
<td>01</td>
</tr>
<tr>
<td>Dental</td>
<td>DENT</td>
<td>02</td>
</tr>
<tr>
<td>Nurse</td>
<td>NURSE</td>
<td>03</td>
</tr>
<tr>
<td>Engineer</td>
<td>ENG</td>
<td>04</td>
</tr>
<tr>
<td>Scientist</td>
<td>SCIEN</td>
<td>05</td>
</tr>
<tr>
<td>Sanitarian</td>
<td>SAN</td>
<td>06</td>
</tr>
<tr>
<td>Veterinary</td>
<td>VET</td>
<td>07</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>PHARM</td>
<td>08</td>
</tr>
<tr>
<td>Dietetics</td>
<td>DIET</td>
<td>09</td>
</tr>
<tr>
<td>Therapy</td>
<td>THER</td>
<td>10</td>
</tr>
<tr>
<td>Health Services</td>
<td>HSO</td>
<td>11</td>
</tr>
<tr>
<td>Research Officer Group</td>
<td>ROG</td>
<td>12</td>
</tr>
</tbody>
</table>

1. Abbreviations and codes are used on personnel orders and other official personnel documents. In addition to the 11 categories, an operational group was formed that is based on a specific function and composed of members from more than one category. The Research Officer Group’s (ROG) specific function is the conduct of original research. Requirements for membership in the ROG are: a doctoral degree and participation in a program of original research with an external scientific review system. A comparison of titles of PHS officers’ ranks with officers in other Uniformed Services and with civil service professionals is shown in Table 4.
2. In the event of a national emergency as declared by the President, the commissioned corps may be designated as a military service. While in this status, an officer is subject to the Uniform Code of Military Justice (UCMJ) and is required to serve wherever his or her skills are needed. Commissioned officers may also be required to serve in emergency situations outside their permanent assignments when their particular skills are needed.

3. The PHS has a specific mission and places commissioned officers in positions consistent with that mission. The following criteria must be met in order to fill a vacancy with a commissioned officer:

a. The position requires a health professional in one of the 11 professional categories of the commissioned corps, and will effectively use the individual's training and experience.

b. The individual appointed should have present and future value to the PHS Commissioned Corps. This is because commissioned corps accessions are to PHS rather than only to the particular program area of the initial assignment. The assignment should provide experience and/or training that will prepare the officer for possible future assignments or will add to the pool of health professional skills available for emergency duty.

c. The appointment is cost-effective in that it employs the highest quality health professional for the expenditure.

### TABLE 4

#### GRADES AND TITLES OF PUBLIC HEALTH SERVICE OFFICERS

( equivalent Navy ranks, and grade codes)

Each PHS officer holds a permanent grade; many also hold a higher temporary grade. The grades are coded with the letter "O" (for "Officer") followed by a digit in the range of 1-10. In PHS, permanent grades are in the range of O-1 through O-6; temporary grades are in the range O-2 through O-10. Any officer holding a temporary promotion should be referenced by that grade. The PHS Act establishes the formal designations of grades within the commissioned corps. However, it is appropriate to use the equivalent Navy ranks verbally when referring to PHS officers. This also applies to most documents (abbreviations optional). The formal PHS designation is used for documents having legal significance.

The following table sets out the official designation of grades in the PHS, PHS abbreviations, the full title of the equivalent Navy rank, and the Navy abbreviation of that rank.

<table>
<thead>
<tr>
<th>Code</th>
<th>Designation of Grade within the Public Health Service</th>
<th>Equivalent Designation of Grade within the Navy</th>
</tr>
</thead>
<tbody>
<tr>
<td>O-10</td>
<td>Assistant Secretary for Health  ASH  Admiral  ADM</td>
<td></td>
</tr>
<tr>
<td>O-9</td>
<td>Surgeon General  SG  Vice Admiral  VADM^a</td>
<td></td>
</tr>
<tr>
<td>O-8</td>
<td>Deputy Surgeon General  DSG  Rear Admiral  RADM^a</td>
<td></td>
</tr>
<tr>
<td>O-8</td>
<td>Assistant Surgeon General  ASG  Rear Admiral  RADM^b</td>
<td></td>
</tr>
<tr>
<td>O-7</td>
<td>Assistant Surgeon General  ASG  Rear Admiral (lower half)  RADM^b</td>
<td></td>
</tr>
<tr>
<td>O-6</td>
<td>Director  DIR  Captain  CAPT</td>
<td></td>
</tr>
<tr>
<td>O-5</td>
<td>Senior  SR  Commander  CDR</td>
<td></td>
</tr>
<tr>
<td>O-4</td>
<td>Full  O^d  Lieutenant Commander  LCDR</td>
<td></td>
</tr>
<tr>
<td>O-3</td>
<td>Senior Assistant  SA  Lieutenant  LT</td>
<td></td>
</tr>
<tr>
<td>O-2</td>
<td>Assistant  A  Lieutenant (Junior Grade)  LTJG</td>
<td></td>
</tr>
<tr>
<td>O-1</td>
<td>Junior Assistant  JA  Ensign  ENS</td>
<td></td>
</tr>
</tbody>
</table>

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^a: Applicable for permanent grades O-1 to O-6.
^b: Applicable for temporary grades O-2 to O-10.
The proper titles and abbreviations of the Surgeon General and Deputy Surgeon General are always those of PHS.

Assistant Surgeons General may be referred to by that title or by the equivalent Navy rank; the PHS designation is usually preferable.

Unlike titles of officers at flag grade, for other officers their category is a part of their official PHS title. By convention, the titles of officers at the Director grade have the name of their category precede the word "Director," as in "Nurse Director." Titles of officers at lower grades have the name of the category follow the grade, followed by the word "Officer," as in "Senior Nurse Officer." By statute, officers in the medical category below Director grade are referred to as "Surgeon." This is preceded by the specific term for their grade and the word "Officer" is omitted, as in "Senior Surgeon." This pattern also applies to Dental Surgeons.

For the full grade (O-4) officer in all but the medical and dental categories, no grade title or abbreviation is used, simply the word "Officer" (or the letter "O") as in "Nurse Officer." A full grade medical officer has the title "Surgeon" and a full grade dental officer, "Dental Surgeon."

4. The commissioned corps consists of two active-duty components: the reserve and regular corps.

   a. The active reserve corps supports ongoing PHS programs and objectives and the number of officers on active duty in the reserve corps is based on the PHS need for additional health professionals. All officers are appointed into the reserve corps and serve a 3-year probationary period as reserve corps officers before they may be considered for the regular corps.

   b. The regular corps is the career component and is restricted to those officers who have satisfactorily completed the probationary period, met any additional requirements, requested and been recommended for appointment to the regular corps, and have been nominated for appointment by the President and confirmed by the Senate. The size of the regular corps is set by the annual HHS Appropriations Act.

   c. Assimilation into the regular corps gives an officer career status with PHS and, as such, is granted only to individuals who intend to make a career of PHS service and whose performance as a reserve corps officer is rated significantly above average. An officer may not apply or be appointed to the regular corps before having completed 4 years of active duty in the reserve corps. Assimilation is requested on form PHS-7034, “Application for Assimilation Into the Regular Corps.” The request is forwarded to the assimilation board, which evaluates an officer's qualifications for assimilation and ranks the officer with all other candidates for assimilation. A list of nominees for assimilation is prepared and sent through administrative channels for nomination by the President and confirmation by the Senate.

   d. An inactive component to the reserve corps is maintained comprised of health professionals, most of whom were at one time on active duty, who are available for short tours of active duty to help during emergencies, staffing shortages, or special projects. In the event the President militarizes the commissioned corps, inactive reserve officers can be called to active duty at the discretion of the Service for the duration of the emergency. See “Inactive Reserve Program.”

5. Two years is considered the minimum period of active service that qualifies an officer for most active-duty and veteran’s benefits, and separation with full privileges.
Help

1. Information about regular and reserve corps, assimilation, and related topics can be obtained from the Personnel Services Branch (PSB), DCP, at 301-594-3108.

2. Information about the inactive reserve program can be obtained from the Officer Development Branch (ODB), DCP, at 301-594-3360.

3. Written sources of information include:
   a. The Public Health Service Act, Section 201 et seq.;
   b. INSTRUCTION 7, "Regular Corps Assimilation Program," Subchapter CC23.3; and
   c. INSTRUCTION 1, "PHS Inactive Reserve Corps," Subchapter CC23.0 of the CCPM.

APPOINTMENT AND ASSIGNMENT OF A COMMISSIONED OFFICER

Key Concepts

1. Commissioned officers are appointed by DCP when they are recommended by an appointment board, they meet medical and suitability appointment standards for one or more of the 11 professional categories in the commissioned corps, and when the appropriate paperwork has been submitted by the applicant and the hiring program.

2. The commissioned corps consists entirely of health professionals or professionals in health-related disciplines.

3. The commissioned corps is a rank-in-officer system. Grade and rank are vested in the individual based on training and experience, and generally not on the job to which an officer is assigned.

4. You or your program management determines whether a commissioned officer is qualified for a vacancy under your authority, but an appointment board determines whether the individual qualifies for appointment as a commissioned officer. An exception to this rule is the Indian Health Service (IHS), in which supervisors and managers must comply with IHS Circular 87-2. An individual who does not meet the appointment qualifications of the commissioned corps may meet the requirements of the civil service system.

5. To meet the basic appointment criteria to the Corps an individual must be a U.S. citizen, be under 44 years of age, meet medical fitness and suitability standards, and meet educational standards for an appropriate category or discipline. Applicants over age 44 may be considered if they have offsetting prior military service or prior PHS civil service.

6. A personnel order must be issued by DCP before any personnel action is official. Supervisors do not have the authority to order someone to report for work, to travel, or to ship household goods until a personnel order is issued by DCP. If a supervisor directs an individual to do so before personnel orders are issued, the officer will not be reimbursed for any expenses incurred.
Procedures

1. Determine whether a vacancy may be filled by a commissioned officer by asking your program management and PSB, DCP.

2. Contact ODB, DCP to enter the position into the Vacancy Announcement And Tracking System (VAATS).

3. Identify a candidate. If the individual is not a commissioned officer, advise him or her to make application for appointment (form PHS-50). For appointment to the commissioned corps, an applicant:
   a. should obtain an application packet either by calling 1-800-279-1605 or by requesting a packet on-line from web site http://www.dhhs.gov/phs/corps;
   b. must complete all forms in the packet following the directions provided;
   c. Must possess current license/certification/registration, as appropriate;
   d. must have or release a medical examination, and have the physician who performs the examination complete the forms provided by DCP and submit them to the Medical Affairs Branch (MAB), DCP;
   e. must have references and official transcripts submitted to the Transactions and Applications Section (TAS), PSB, DCP;
   f. must be fingerprinted, supply security information, and pass a background investigation for security and suitability purposes, after selection by an OPDIV/Program;
   g. must be recommended by an appointment board, which considers: course work, grades, and other academic qualifications; references submitted by professional sources; professional work experience; and other relevant factors; and
   h. if qualified and selected, will be offered an appointment as a commissioned officer, or if found unqualified, will be informed of the reasons for which he or she was found unqualified.

4. If the candidate is an active-duty commissioned officer assigned to another OPDIV/Program, contact the OPDIV/Program to determine whether there are any extenuating circumstances regarding the reassigning of the officer. You must also negotiate a release date with the program losing the officer and with the officer as appropriate.

5. Initiate the necessary paperwork through program channels to the Director, DCP, to request the assignment of the candidate/commissioned officer to your vacancy. All paperwork should be received in DCP no later than 20 days before the requested effective date. Paperwork may be submitted earlier.

6. You may contact TAS to determine any additional actions you must take, or the status of your request. If the request is approved by your program management, the individual you selected accepts the assignment, and the individual is qualified for appointment (or already is a commissioned officer), you will be advised by DCP of the tentative date of assignment, the date you may expect the individual to report
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for duty, and other administrative details related to the issuance of personnel orders.

7. TAS will issue a personnel order appointing the officer to the position; send the official personnel order to the officer accepting the assignment; provide instructions about reporting dates; authorize travel, transportation, and shipment of household goods when indicated; request that the candidate submit forms to establish a pay account; provide written materials to the candidate about entitlement, benefits, and responsibilities as an officer; and coordinate all of these actions with you and your program management.

Paperwork

1. You, or another official designated by your program director, initiate and direct completion of requests to assign a commissioned officer to a vacancy under your direction. This is true for newly appointed officers and for active-duty commissioned officers being transferred.

REMEMBER - ALL PAPERWORK MUST BE RECEIVED BY DCP NO LATER THAN 20 DAYS BEFORE THE REQUESTED PERSONNEL ACTION.

a. Form PHS-1662, "Request for Personnel Action - Commissioned Officer," is always used to request assignment of an applicant or an officer to a position. This form triggers the issuance of an official personnel order.

b. Form PHS-4392, "Billet Description," is used to describe the functions the officer is to perform. You may use an existing billet if the function was previously performed by a commissioned officer, or a standard billet if it accurately describes the job the officer will perform. The billet should be accurate and written in accordance with the instructions provided with the form. It is evaluated, assigned a number, and graded. A billet description should approximate the grade level of the officer selected to fill it; however, an officer is not limited to serving in billets rated at his or her grade level as in the civil service system. But you should be aware that DCP will not approve the assignment of an officer to a billet two grades below the officer's current temporary grade. For nonstandard billets, the billet description must accompany form PHS-1662 to TAS before the issuance of personnel orders.

2. Medical examination reports should be sent directly to MAB, DCP, in the envelope provided. All other paperwork must be sent through program channels to:

Division of Commissioned Personnel/HRS/PSC
ATTN: Transactions and Applications Section/PSB
5600 Fishers Lane, Room 4-20
Rockville, MD  20857-0001

3. Receipt of all the necessary paperwork will result in the issuance of a personnel order which will authorize the appointment, assignment, travel, and other monetary entitlement related to assignment. Nothing is official until a personnel order is issued by DCP.

Help

1. Instructions for completing form PHS-1662 are contained in INSTRUCTION 2, "Use of Form PHS-1662, Request for Personnel Action - Commissioned Officer," Subchapter CC23.6 of the CCPM.

2. Instructions for writing a billet description are shown on the reverse of form PHS-4392, “Billet
3. You can learn the status of an application for appointment by calling your Commissioned Corps Liaison or TAS, DCP, at 301-594-3544.

4. You can learn the status of any request for personnel action by calling your Commissioned Corps Liaison or TAS.

5. If an applicant asks for help in completing the application packet, refer the applicant to TAS.

6. If an applicant asks about vacancies or possible assignments, refer the applicant to the Commissioned Corps Liaisons.

7. Written references in the CCPM that answer questions related to appointment and assignment are:
   a. INSTRUCTION 1, "Appointment of Civil Service Employees to the Public Health Service Commissioned Corps," Subchapter CC23.3;
   b. INSTRUCTION 2, "Appointment of Conscientious Objectors as Commissioned Officers of the Public Health Service," Subchapter CC23.3;
   c. INSTRUCTION 4, "Appointment Standards and Appointment Boards," Subchapter CC23.3;
   d. INSTRUCTION 6, "Exception to Medical Requirements for Limited Tours of Active Duty in the Reserve Corps," Subchapter CC23.3;
   e. INSTRUCTION 8, "Limited Tours of Active Duty," Subchapter CC23.3; and
   f. INSTRUCTION 4, "Billet Program," Subchapter CC23.5.

8. Written materials that may be useful to newly appointed commissioned officers are:
   a. CCPM Pamphlet No. 62, “Commissioned Officer's Handbook;” and
   b. CCPM Pamphlet No. 11, "Information on Shipment of Household Goods."

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**CAREER PROGRESSION**

**Key Concepts**

1. Within DCP, ODB provides a variety of resources available to officers to enhance their professional growth and development, establish career objectives, and develop the means to communicate individual needs and interests appropriately. This is primarily accomplished through the utilization of information systems, training programs, and career counseling.
2. The personnel data systems used by DCP to carry out these responsibilities include the:
   a. Official Personnel Folder (OPF);
   b. Assignment Preferences, Proficiency in Languages, Education, and Skills (APPLES) Survey;
   c. Vacancy Announcement And Tracking System (VAATS);
   d. Electronic Bulletin Board (EEB); and
   e. Officer Information Summary (OIS).

3. Career Tracks. A career track is a series of professional experiences through which an officer progresses from the entry level to an expert level of skills, knowledge, and abilities throughout his or her professional career. The career tracks established within the PHS Commissioned Corps are Clinical/Clinical Management, Epidemiology/Public Health Practice, International Health, Program Management, Regulatory Affairs, and Research. The responsibility for career development lies with the officer. Thus an officer's career plans should include a series of specific assignments of increasing responsibility and professional growth. During the course of a 20- to 30-year career, an officer can anticipate being assigned to three or more different geographic locations. Assignments may be within one or more of the career tracks.

4. Reassignments. All transfers and reassignments are either between or within the various OPDIVs of HHS. These include:
   a. Agency for Health Care Policy and Research
   b. Agency for Toxic Substances and Disease Registry
   c. Centers for Disease Control and Prevention
   d. Food and Drug Administration
   e. Health Resources and Services Administration
   f. Indian Health Service
   g. National Institutes of Health
   h. Program Support Center
   i. Substance Abuse and Mental Health Services Administration

Assignments are also available with Programs:
   a. Commission on Mental Health Services (Formerly St. Elizabeths Hospital)
   b. Federal Bureau of Prisons
   c. Department of Energy
   d. Environmental Protection Agency
   e. Health Care Financing Administration
   f. Immigration and Naturalization Service
   g. U.S. Coast Guard
   h. U.S. Marshals Service

Officers are required to show progressive growth and development in their successive assignments. This concept also applies to officers planning an intra-agency career development pattern. Interagency career development must be coordinated with the OPDIVs/Programs involved through DCP. Intra-agency career planning is usually done within the particular OPDIV/Program concerned but is subject to review.
5. **Vacancy Announcement And Tracking System (VAATS).** The Vacancy Announcement And Tracking System (VAATS) is a data base that contains vacancies that have been approved by DCP as being appropriate for commissioned officers. These vacancies are voluntarily submitted by OPDIVs/Programs to the DCP VAATS Project Officer for entry into the system. DCP encourages OPDIVs/Programs to submit all vacancies appropriate for commissioned officers.

VAATS is used by the PHS officer who is seeking career opportunities and by the OPDIV/Program that is seeking to fill a vacancy with a PHS officer who is both qualified and interested in the position.

a. **A Tool for the Officer:** Officers use VAATS as a tool in two primary ways: (a) to actively find a new assignment, and (b) to explore career enhancing opportunities that may be of interest in the future. Reviewing the various types of vacancies allows an officer to identify what types of assignments are available to officers, what qualifications are required for particular positions, which OPDIVs/Programs offer these assignments of interest, where in the U.S./world PHS officers may be assigned, who an officer can call to find out more information about a particular program or job, and so forth.

Officers can review these vacancies by accessing the DCP Electronic Bulletin Board (EBB). The EBB may be accessed by using a computer and a modem. Vacancies in VAATS are displayed on the EBB during the period they are open. Once DCP is notified by the OPDIV/Program that a vacancy has been closed or filled, DCP will remove that vacancy from the EBB.

b. **A Tool for the OPDIV/Program:** OPDIVs/Programs use VAATS to advertise vacancies on the EBB. Since PHS officers use the EBB to find career enhancing positions, VAATS and the EBB are one of the best ways for OPDIVs/Programs to advertise their vacancies to an audience of interested PHS officers. *Note:* To advertise a vacancy, submit a VAATS worksheet to the VAATS Project Officer, DCP, Room 4A-18, Parklawn Building, 5600 Fisher Lane, Rockville, MD 20857-0001. Phone: 301-594-3360. Fax: 301-443-7069.

OPDIVs/Programs that submit a vacancy for entry into VAATS can also request that a list of officer candidates be provided to them for the submitted vacancy. This request is filled by screening the computer-based personnel files of all active-duty officers to identify officers who have indicated they would be qualified and interested in such a position primarily by the way of the APPLES survey. This "best match" list of candidates is provided to the requesting OPDIV/Program with an Officer Information Summary (OIS) report for each officer candidate. If interested in a potential candidate, the OPDIV/Program will contact an officer directly to discuss the job, to ask questions, or to set up an interview.

6. **APPLES.** APPLES is the acronym for Assignment Preferences, Proficiency in Languages, Education, and Skills survey. The goal of the APPLES survey is to collect and maintain current and accurate information on all active-duty officers. The information gained directly from officers through the APPLES survey is utilized to identify officers whose career tracks, geographic location preferences, rotational timing, or program choices match or nearly match that of vacancies. DCP is interested in the education and training that commissioned officers have, their specialties and language skills, and their future assignment preferences. The APPLES survey is mailed periodically from the Officer Development Branch (ODB), DCP, to each officer for update and correction.
A Supervisor’s Guide to the Commissioned Personnel System, 1999

7. OIS. The Officer Information Summary (OIS) is a report that has been designed to summarize, in standard format, some of the information from the APPLES survey and the DCP database. The OIS is provided to officers and program managers to fill vacancies with PHS officers. The OIS is divided into sections which include key information from the DCP personnel file including important dates and current assignment, information on the APPLES assignment preferences, foreign language skills, special pay contracts, PHS awards, special skills, the overall score of the most recent Commissioned Officers’ Effectiveness Report (COER), and a record of the officer's assignments with PHS.

8. Involuntary Reassignments. In occasional situations, an officer may not voluntarily agree to a reassignment. In these instances, the program losing the officer and the program gaining the officer are to agree as to the desirability of the reassignment of the officer. Furthermore, DCP is to be advised that the reassignment is involuntary and is to be provided with a justification for the reassignment. Involuntary reassignments are usually justified on the basis of changing program needs, career development and training/experience needs of the officer, and management's needs to provide a different supervisory or performance environment.

Paperwork

1. To advertise a vacancy in the VAATS system, submit a VAATS worksheet to the Division of Commissioned Personnel/HRS/PSC, ATTN: VAATS Project Officer, 5600 Fishers Lane, Room 4A-18, Rockville, MD 20857-0001 or Fax: 301-443-7069. A VAATS worksheet can be ordered by contacting the VAATS Project officer at the above address or by telephoning 301-594-3360.

2. Completed APPLES surveys should be mailed directly to the Division of Commissioned Personnel/HRS/PSC, ATTN: APPLES Project Officer, 5600 Fishers Lane, Room 4A-18, Rockville, MD 20857-0001. Questions concerning APPLES should be directed to the APPLES Project Officer at the above address or by telephoning 301-594-3360.

3. Questions concerning the EBB should be mailed directly to the Division of Commissioned Personnel/HRS/PSC, ATTN: EBB Project Officer, 5600 Fishers Lane, Room 4A-18, Rockville, MD 20857-0001 or by telephoning the EBB Project Officer at 301-594-3360.

Help

1. Contact ODB, DCP, at 301-594-3360, for information and assistance.
2. INSTRUCTION 6, "Professional Growth and Development," Subchapter CC25.2.
4. Assistance with VAATS: refer to #1, this section in Paperwork.
5. Assistance with APPLES: refer to #2, this section in Paperwork.
6. Assistance with EBB: refer to #3, this section in Paperwork.
7. Assistance/information concerning career counseling one-on-one sessions: contact the category staffing officer at 301-594-3360.
Key Concepts

1. A billet is a brief description of the major duties, responsibilities, and requirements of a particular job or position.

2. These duties and responsibilities must be documented on form PHS-4392, "Billet Description."

3. There are three types of billets. The detailed job classification system requirements that have been developed for the entire Federal civil service provide a benchmark for the evaluation of many Corps billets to make sure that billets are rated in accordance with generally accepted standards.

4. "Category (or Clinical)-Specific Standard Billets" are to be applied to the majority of officers engaged in clinical activities or specific category activities. Category-specific standard billets have been implemented for each of the 11 categories and cover approximately 65 percent of all officers.

5. "OPDIV-Specific Standard Billets" are to be applied to officers performing duties in areas such as epidemiology, research, and regulation that, for the most part, pertain only to a single OPDIV. It is estimated that 20 percent of all officers will be assigned to OPDIV-specific standard billets.

6. "OPDIV-Nonstandard Billets" are to be applied to officers performing unique duties, usually at the higher ranks.

7. If the duties of a position are new, a new billet description should be written. If the duties of a position are the same as those performed by an earlier incumbent, an officer may be assigned to the existing billet. If the duties are essentially the same as those performed by others in the organization, an officer can be placed in an existing category-specific or OPDIV-specific standard billet.

8. No supervisor or program manager should ever request an officer to perform duties outside the scope of the billet description unless the new duties are documented through a travel order, memorandum of assignment, or some other written agreement. Only substantial additional duties need to be added to a billet via memorandum. Failure to document these new duties leaves the officer unprotected in the event he or she is injured doing the special duties or he or she is charged with malpractice or some other adverse legal claim is made against him or her because of the duties performed.

9. The billet rating does not need to correspond directly to the grade held by the officer filling the billet. However, good personnel management matches the needs of a particular job with the capabilities, training, and experience of the incumbent. DCP will not ordinarily approve the placement of an officer into a billet which is graded significantly below the officer's temporary grade.

10. It is desirable that officers promoted to a pay grade higher than their billet grade be reassigned into a billet graded at least at their new temporary pay grade, if appropriate.

11. Standard billets may have extra duties added to them, via memorandum, to meet local needs. Standard billets must reflect approved clinical assignments to other Federal facilities. These additional duties may be outlined on a memorandum and attached to the billet.
A Supervisor’s Guide to the Commissioned Personnel System, 1999

Procedures

1. The program supervisor or administrator who has a vacancy to be filled by a commissioned corps officer contacts the OPDIV personnel office. A determination is made whether a standard billet should be applied to the position. The established grade structure for the category, for the unit, and for the facilities are considered.

2. If the duties are unique to the OPDIV and category-specific standard billets do not apply, a determination should be made whether an OPDIV-specific standard billet or an OPDIV-nonstandard billet would be appropriate. An OPDIV-specific standard billet should be used if there are two or more similar positions in an OPDIV. OPDIV-specific standard billets are prepared by the OPDIV. Factors used in developing category-specific standard billets and factors considered in grading comparable General Schedule (GS) position descriptions should be used.

3. If an appropriate existing category-specific standard billet or OPDIV-specific standard billet is identified, enter the billet number on form PHS-1662. Form PHS-4392, "Billet Description" is completed as follows:

   Item 1 -- provide organizational information, including city and State;
   Item 6 -- use information from the standard billet and provide pertinent program information;
   Items 10 - 15 -- provide information on incumbent; and
   Item 16 -- provide signature of unit, facility, or component head, and date.

4. If the position is determined to be unique, the position should be described in an OPDIV-nonstandard billet. OPDIV-nonstandard billets are initiated by the OPDIV component that has the position and the OPDIV personnel officer. A grading rationale based upon existing approved category-specific standard billets, OPDIV-specific standard billets, and comparable GS positions should be used. Guidance is available from DCP.

   In preparing form PHS-4392, "Billet Description," at the local level, each section should be completed utilizing the guidelines in INSTRUCTION 4, “Billet Program,” Subchapter CC23.5 of the CCPM. Item 16 should be signed by the unit, facility, or component head.

   The local authority should also prepare a form PHS-1662 and submit it with the billet through the area/regional office to the OPDIV headquarters personnel office.

   The billet should be approved by the OPDIV headquarters personnel office and the form PHS-1662 should be signed under Item 16, "Bureau Official."

   The billet and form PHS-1662 should be sent to DCP with a copy of the comparable civil service position description. An updated OPDIV table of organization should be included if the billet is associated with a reorganization. DCP will review the billet for consistency with billet grading guidelines and provide a billet number. Form PHS-1662 will be processed and a new personnel order will be issued to the officer. The completed billet will be returned to the OPDIVs personnel office.

5. Each unit within an OPDIV should maintain a copy of all billets of commission corps officers within the unit. A copy of the billet should be provided to the officer. The billet is not placed in an officer's OPF.
6. A program manager may request guidance from DCP if he or she believes the OPDIV review and approval process may not have provided a proper billet classification. DCP will work with the program and Commissioned Corps Liaison to resolve the question.

7. The billet grading scale is as follows (equivalent grades in the commissioned corps and civil service*):

<table>
<thead>
<tr>
<th>Grade</th>
<th>Point Range</th>
<th>GS-Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>O-1</td>
<td>under 120</td>
<td>GS-7</td>
</tr>
<tr>
<td>O-2</td>
<td>120-200</td>
<td>GS-9</td>
</tr>
<tr>
<td>O-3</td>
<td>201-327</td>
<td>GS-11</td>
</tr>
<tr>
<td>O-4</td>
<td>328-374</td>
<td>GS-12</td>
</tr>
<tr>
<td>O-5</td>
<td>375-468</td>
<td>GS-13 - GS-14</td>
</tr>
<tr>
<td>O-6</td>
<td>469-673</td>
<td>GS-15</td>
</tr>
<tr>
<td>O-7</td>
<td>674-798</td>
<td>SES/SBRS</td>
</tr>
<tr>
<td>O-8, O-9, O-10</td>
<td>799 and over</td>
<td>SES/SBRS</td>
</tr>
</tbody>
</table>

* This official equivalence table was used by the Government Accounting Office in its October 1996 report on support officer positions in the Department of Defense.

**Paperwork**

1. Form PHS-4392, "Billet Description," is the form used to document an officer's billet.

2. When an officer performs duties other than those assigned in the billet, especially when those new duties involve patient care, written documentation of the new duties is required.

   a. The supervisor or the manager for whom the officer will be performing the new duties should document them by:

      (1) including the duties on a travel order if travel is to be performed and the officer will be performing them for less than 2 weeks; or

      (2) writing a memorandum outlining the duties when no travel order will be used or when the duties will be performed for more than 2 weeks.

   b. For more information about the documentation of temporary duties, see section entitled “Temporary Duty.”

**Help**

1. Contact the Billet Program Manager, PSB, DCP, on 301-594-3108, when you need help with any aspect of the billet program.

2. The written source of information about the billet program is INSTRUCTION 4, "Billet Program," Subchapter CC23.5 of the CCPM.
TEMPORARY DUTY

Key Concepts

A commissioned officer may be given a temporary duty (TDY) assignment for a period not to exceed 6 months, outside the scope of duties anticipated in the officer's billet, if the assignment has been approved by the supervisor and program management. Some TDY assignments must be documented with issuance of a personnel order (see #3 below). Military Space Available travel is absolutely forbidden for an officer and his or her dependents if the officer is TDY.

Procedures

1. TDY of 30 days or less

   a. Document this assignment with travel orders, a memorandum for the officer's OPF, or a memorandum of approval from a higher level program manager.

   b. If the duties to be performed vary significantly from those in the officer's billet description (e.g., direct patient care while on TDY but not in the permanent assignment), the new duties should be described in a memorandum for the officer's OPF to protect the officer in liability issues.

   c. The officer may request a performance evaluation of his or her work in the TDY assignment. Whenever possible, this request should be granted.

2. TDY of more than 30 days

   a. Written documentation in the form of a memorandum of understanding between your office and the office to which the officer will be assigned on TDY is needed. The memorandum of understanding will be in addition to any travel orders, and should show the following:

      (1) length of TDY assignment;
      (2) location of TDY assignment;
      (3) duties to be performed;
      (4) officer's duty station supervisor while on TDY;
      (5) source of funding for officer's pay and allowances;
      (6) any special conditions of the assignment; and
      (7) performance expectations/standards for the assignment.

   b. If the officer will be performing duties which are different from those described in his or her billet description, the memorandum of understanding should include a statement of what the new duties are. This is vitally important if the officer will be assuming patient care responsibilities.

3. When any of the following occur, a personnel order must be issued (follow procedures described under the “Appointment and Assignment” section for issuance of a personnel order):

   a. when TDY is being performed en route to a new permanent duty station;
b. when an officer will be moving into or out of Government quarters during the TDY assignment; or
c. when the officer will be paid under a different fiscal appropriation or common accounting number for
   30 days or more.

Help
1. Contract ODB, DCP, at 301-594-3360, for information and assistance.
2. Chapter CC24, “Travel and Transportation,” of the CCPM.
3. CCPM Pamphlet No. 51, “Information on Temporary Duty Travel.”

DETAILS

Key Concepts
1. A detail is the assignment of a PHS officer to a non-HHS organization. Its purpose is to foster cooperation
   with the non-PHS organization which has a similar health-related mission. Details are effected for the
   benefit of the PHS and not solely for the individual.

2. These organizations include other Federal Agencies, State and local governments, non-profit institutions,
   congressional committees, and international non-profit organizations.

3. There are four possible financial arrangements which can be made:
   a. A reimbursable detail in which HHS is reimbursed for salary and related expenses;
   b. A nonreimbursable detail in which HHS can continue to fund the officer's salary and related
      employment expenses;
   c. A leave without pay detail in which States, local governments, and nonprofit institutions may pay the
      officer directly after he or she is placed in leave without pay status; and
   d. A grant-supported detail in which the reimbursement costs are defrayed from State grant funds.

4. Officers on detail continue to accrue retirement credit and fringe benefits.

Procedures
1. The request for the detail should be submitted to the Director, DCP, through the Detail Project Specialist
   in ODB, DCP, for evaluation based upon specific criteria. DCP has developed standard formats for
   personnel agreement:

   The request must include:
   a. Purpose of the detail;
   b. The position title and brief description of duties to be performed by the officer;
   c. Number and disciplines of officers requested;
   d. Experience and training required by the position;
   e. Reasons for requesting PHS assistance;
   f. Proposed financial arrangements, i.e., fully reimbursable or nonreimbursable;
   g. Name and position of non-HHS supervisor;
h. Rate of compensation and allowances to be paid by the non-PHS organization;

i. Travel and transportation allowances if any, payable by the organization for travel of the PHS officer, travel incident to medical care, and transportation of dependents, household goods, and personal effects to and from the place of detail; and

j. Concurrence of the officer.

2. The non-PHS organization wishing to obtain specific skills or expertise through the assignment of a commissioned officer must first develop qualifications/job criteria which will be used to advertise the position.

3. The HHS OPDIV supporting the detail of the officer works with the non-HHS organization in developing a personnel agreement. This would describe funding arrangements, duties, length, and location of assignment, and PHS and non-PHS responsibilities.

4. The request for detail is submitted to the Detail Project Specialist, ODB, DCP, and approved by the Director, DCP, or the Surgeon General, if appropriate.

Paperwork

1. Forward request of outside organization with justification/support of the hosting OPDIV Head.

2. Working with program management, management from the office from which the officer will be detailed, and the DCP specialist, prepare the detail agreement. Use the format described in the CCPM INSTRUCTION for the type of detail being arranged. (See 2.a., b., and c. of the Help section.)

3. Forward the agreement through program channels to DCP for formal approval.

4. A personnel order must be issued. Follow the instructions described under the paperwork section above.

Help

1. Contact the Detail Project Specialist, ODB, DCP, at 301-594-3360, for information and assistance with detail assignments.

2. Written sources of information about details are included in CCPM Subchapters:

   a. INSTRUCTION 5, "Details of PHS Commissioned Officers to States and Nonprofit Institutions," Subchapter CC23.5;

   b. INSTRUCTION 6, "Detail of Commissioned Officers to Faculty Positions at the Uniformed Services University of the Health Sciences," Subchapter CC23.5; and

   c. INSTRUCTION 7, "Detail of PHS Commissioned Officers to Congressional Committees," Subchapter CC23.5.
CONVERSION FROM CIVIL SERVICE TO COMMISSIONED CORPS

Key Concepts

1. A PHS civil service employee may be converted to an appointment as a commissioned officer if the individual meets all appointment criteria. Generally it is expected that the PHS civil service employee will be mobile, either at the time of conversion or in the immediate future (next 3 to 4 years). If compelling reasons make it necessary for the applicant to remain initially with the same HHS program, the OPDIV Head must provide documentation of the benefits of the conversion. This must also include a cost comparison.

2. This policy encourages proper utilization of both personnel systems and deters individuals from changing systems solely for financial reasons or personal gain.

Procedures

The individual wishing to convert must make application for appointment as described in the section on “Appointment and Assignment.” Consult with TAS about the feasibility of the conversion and need for approval by the Director, DCP.

Paperwork

1. Use the paperwork requirements discussed under the “Appointment and Assignment” section. If your program wishes to keep an individual in the same position and allow him or her to convert from civil service to commissioned corps, you must request approval from the Director, DCP.

2. If conversion is approved, follow the paperwork requirements explained under the “Appointment and Assignment” section.

Help

1. For information about conversion, contact TAS, DCP, at 301-594-3544.

INACTIVE RESERVE PROGRAM

Key Concepts

1. The Individual Ready Reserve (IRR) program, a subset of the Inactive Reserve Corps (IRC), is comprised of health professionals, most of whom have served on active duty as PHS commissioned officers, and who have expressed their desire to serve PHS for short periods of active duty or during a national emergency.

2. When an officer requests appointment to the IRC upon separation from active duty, the request for appointment must be accompanied by a recommendation for or against such appointment made by the officer's supervisor.

3. Officers who fail to meet their active-duty obligations, pursuant to long-term training agreements or special pay contracts, will not be placed in the IRC.
4. If the PHS Commissioned Corps is militarized through issuance of an Executive Order, inactive reserve officers may be called to involuntary active duty.

5. IRR officers may be recalled for short or intermittent tours of duty to fill in for officers on leave, TDY, or detail assignments; as consultants to special programs; as additional resources to accomplish a specific program objective; to fill vacancies until the appropriate permanent candidates can be found; or to respond to emergencies and other crisis situations.

6. IRR officers hold a commission and are therefore subject to certain rules and benefits of the PHS Commissioned Corps.

Procedures

1. Recommendations for or against appointment to the inactive reserve are made on form PHS-1373, "Separation of Commissioned Officer," which is completed by the officer and submitted to the immediate supervisor. When making a recommendation, consider the quality of the individual's performance while on active duty and his or her commitment to the PHS mission, and assure that the officer understands the obligations, rights, and responsibilities of an inactive reserve commission. If you make positive judgments in these three areas, the individual should be recommended for appointment to the IRC.

2. Procedures for identifying and utilizing an inactive reserve officer depend upon the type of assignment being considered, the needs of the program, and the needs of the officer. You can obtain this information by contacting the Inactive Reserve Program in ODB.

Help

1. For information about the IRC and utilization of officers, contact the Inactive Reserve Coordinator in ODB at 301-594-3360.

2. Written information about the IRC is contained in CCPM Subchapters:
   a. INSTRUCTION 1, "PHS Inactive Reserve Corps," Subchapter CC23.0; and
   b. INSTRUCTION 9, "Short Tours of Active Duty," Subchapter CC23.5.

PERFORMANCE EVALUATIONS

Key Concepts

1. You, as a supervisor, evaluate a commissioned officer's performance annually on a form used only for commissioned officers, called the "Commissioned Officers' Effectiveness Report (COER)," form PHS-838.

2. Transfer effectiveness reports should be requested when either the officer or rater are transferred. Interim reports may also be requested from you in other special circumstances.

3. Commissioned officers are subject to the work planning portion of the departmental performance management system. The ratings given on the performance work plan should contribute to the rating given
on the annual effectiveness report. However, evaluations of an officer that are made pursuant to the performance management system are not sent to DCP. The COER is the only form used to provide performance evaluations to DCP.

4. An officer should fully understand the performance expectations of his or her duties at the beginning of the annual evaluation period. In addition, it is recommended that a mid-period performance review be conducted with the officer; however, a COER is not submitted to DCP.

5. An officer who is having performance problems during the evaluation period should be fully advised of the deficiencies as they arise and appropriately counseled.

6. An officer must be provided with the opportunity to review his or her performance rating with the supervisor, to provide additional information regarding performance as appropriate, to disagree with the rating, and to attach information to the COER in support of the disagreement.

Procedures

1. Performance expectations
   a. Discuss the performance expectations related to the officer’s duties with the officer at the beginning of the evaluation period, including identifying priorities.
   b. Review the performance accomplishments with the officer at least as often as the mid-point of the performance period.
   c. Discuss and document as necessary any performance weaknesses with the officer at the time they occur, and provide or recommend counseling as necessary. Review the status of performance with the officer routinely.

2. Completing the effectiveness report
   a. The annual COER form is sent directly to the officer by DCP. This normally occurs each May.
   b. The officer initiates and presents the effectiveness report to his or her immediate supervisor for completion. Instructions for completing the report and the deadlines for timely submission accompany the effectiveness report.
   c. If an officer being rated delays submitting the COER form after being reminded by the supervisor, the supervisor will initiate a COER. The supervisor should provide a statement with the COER explaining that the COER is being initiated by the supervisor and the reason for this action. The supervisor may consider the officer’s failure to provide the COER form in a timely manner in the officer’s evaluation. If the officer refuses to sign the COER initiated by the supervisor, this will be noted in an attachment, and the COER, without the officer’s signature, sent through the review process to DCP.
   d. Supervisors are encouraged to complete a preliminary report and discuss the evaluation with the officer. The officer may provide additional information as necessary.
   e. Following discussion, the supervisor should finalize the report and forward it to the next higher management level official for his or her review.
f. The report is then sent through the representative designated by your OPDIV to DCP for entry into the DCP data system. The COER is placed in the officer's OPF.

g. The officer being rated should receive a copy of his or her COER before it is forwarded.

3. Interim Effectiveness Reports

a. Special Pay Contracts. If an officer executes a special pay contract and has not been evaluated on a COER within the 12 months preceding the contract, the supervisor will be asked by DCP to complete one, using the same procedures described above. If an officer has been given a marginal or substandard rating, the supervisor may be asked by DCP to complete another COER if sufficient time has elapsed from the last COER to permit improvement in the officer's performance. Follow the instructions given by DCP for completion of this COER.

b. Transfer. When an officer is going to transfer under permanent change of station orders, every effort should be made to promptly complete a COER including review and signature by the officer being rated as well as the rating officer prior to the officer's departure. Failure to complete a transfer COER may be disadvantageous to the officer being evaluated because there may be insufficient evidence for consideration for promotion, assimilation, or other board action.

c. Reassignment of Rating Officer. When the immediate supervisor of a commissioned officer is to be reassigned to another position, the supervisor should require the officer under his or her supervision to promptly initiate a COER and submit it to the supervisor for rating, review, and submission to DCP.

Paperwork

Performance Reports

1. Form PHS-838, "COER," is sent by DCP to each officer. The officer presents the form to his or her immediate supervisor for completion after he or she has completed Section I.

2. Form PHS-838 and its accompanying Manual Circular contain detailed instructions the supervisor should follow when completing the report. Supervisors are to complete Sections II, III, and IV.

3. After completing Sections II, III, and IV, the supervisor must discuss the evaluation with the officer it concerns. Space is provided for the officer to acknowledge discussion of the evaluation by signing the form. This signature means only that the officer has seen the report, not that he or she necessarily agrees with it.

4. After discussing the COER with the officer, the supervisor will forward it to his or her supervisor for review. The rating officer's supervisor is the reviewing officer. The reviewing officer may not change any ratings or remarks made by the rating officer. However, the reviewing officer should indicate specific areas of disagreement on the form, may elaborate on any comments, and may add any supplemental statements he or she finds appropriate. The reviewing officer should send the form to DCP through the representative designated by his or her OPDIV. A copy of the COER should be given to the officer.

5. If additional program review is desired, a copy of the COER should be made and forwarded internally for review. The copy may be sent to DCP if any additional comments have been made beyond the reviewing
officer's level. However, these additional comments must be clearly signed by the extra reviewers for inclusion in the OPF. A copy of any additional comments is to be provided to the officer.

Help

1. The Personnel Services Branch (PSB), DCP, can provide information and assistance about COERs and performance appraisals. PSB can be reached at 301-594-3108.
2. Written resources include, INSTRUCTION I, "Commissioned Officers' Effectiveness Report," Subchapter 25.1 of the CCPM.

PROMOTIONS

Key Concepts

1. Promotion eligibility is based upon an officer's training, experience, and length of active-duty service in the current tour of duty.

2. An officer's grade is vested in him or her, not in the position he or she occupies.

3. Promotion boards are convened annually to consider all eligible officers for promotion. Each professional category and ROG has a separate promotion board normally comprised of Director grade officers in that professional category. Promotion boards review only OPFs for all eligible officers, recommend for or against the promotion of each individual considered, assign a numerical score to each candidate, and present a rank-order list to the Director, DCP, for action.

4. Some officers on the rank-order list who are recommended for promotion may not receive promotions. The cut-off score is established on the rank-order list based on the number of available vacancies. Those officers above the cut-off will be promoted provided they meet licensure and other established requirements. Those below the cut-off line are considered by the promotion board the following year.

5. An officer who was recommended for promotion, but not promoted because he or she was below the cut-off, is not considered as having been "passed over" for promotion. Only officers not recommended for promotion are considered as "passed over" and in need of counseling about performance problems or are subject to involuntary separation. Failure to be recommended for permanent promotion 2 years in succession or temporary promotion once could lead to adverse action.

6. There is an accelerated promotion policy that may be used for individuals whom OPDIVs believe possess exceptional capabilities.

7. Many officers hold two grades simultaneously - a permanent grade and a temporary grade. The temporary grade is usually higher than the permanent grade because the temporary promotion program permits promotion consideration before an individual meets the length-of-service requirements for permanent promotion. An officer is paid at the rate authorized for his or her temporary grade.

Procedures
A Supervisor’s Guide to the Commissioned Personnel System, 1999

1. As a supervisor, you provide much of the information used by the promotion boards which recommend for or against promotion for each PHS commissioned officer. This information includes:
   a. annual and interim COER;
   b. nominations for, and presentation of, honor awards; and
   c. other information in the officer’s OPF that is indicative of the officer's performance, abilities, and assignments.

2. Promotions are official only when authorized on personnel orders.

3. DCP notifies an officer of his or her selection for promotion through official personnel orders. If an officer's promotion is denied, counseling is available concerning steps which may be taken to improve performance or enhance future consideration for promotion.

Paperwork

1. Regular promotions - Supervisors complete the COER and acknowledge outstanding performance (e.g., commissioned corps awards). Supervisors can also remind the officer to submit an updated curriculum vitae to DCP and to review his or her OPF prior to the promotion boards meeting to ensure that it fully represents his or her performance and professional status.

2. Exceptional capability promotion - If an officer demonstrates exceptional capabilities, supervisors may nominate the officer for an accelerated promotion before the officer is otherwise eligible for promotion. More information is available in INSTRUCTION 3, "Exceptional Capability Promotion," Subchapter CC23.4 of the CCPM.

3. Promotion board consideration occurs when an officer is eligible (see Table 5 for a chart showing promotion eligibility standards). DCP initiates all paperwork needed to issue the personnel order effecting the promotion.
### Table 5
Eligibility for Promotion in the
Commissioned Corps of the U.S. Public Health Service
(Effective August 12, 1992)

<table>
<thead>
<tr>
<th>GRADE</th>
<th>PERMANENT PROMOTION</th>
<th>PERMANENT PROMOTION</th>
<th>TEMPORARY PROMOTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Regular Corps</td>
<td>Reserve Corps</td>
<td>Regular and Reserve Corps</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>[May have one or two criteria]</td>
</tr>
<tr>
<td>Director (CAPT, O-6)</td>
<td>4 years Seniority</td>
<td>4 years in Permanent Seniority</td>
<td>24 years A 3 years</td>
</tr>
<tr>
<td></td>
<td>Credit</td>
<td>Senior Grade</td>
<td>Training and Experience</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>n Active Duty</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>d This Tour</td>
</tr>
<tr>
<td>Senior (CDR, O-5)</td>
<td>7 years Seniority</td>
<td>7 years Seniority</td>
<td>17 years A 1 year</td>
</tr>
<tr>
<td></td>
<td>Credit</td>
<td>Permanent Full Grade</td>
<td>Training and Experience</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>n Active Duty</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>d This Tour</td>
</tr>
<tr>
<td>Senior restricted</td>
<td>17 years Promotion</td>
<td>24 years Training</td>
<td>17 years A 1 year</td>
</tr>
<tr>
<td>categories</td>
<td>Credit</td>
<td>and Experience</td>
<td>Training and Experience</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>n Active Duty</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>d This Tour</td>
</tr>
<tr>
<td>Full (LCDR, O-4)</td>
<td>10 years Promotion</td>
<td>17 years Training</td>
<td>12 years A 6 months</td>
</tr>
<tr>
<td></td>
<td>Credit</td>
<td>and Experience</td>
<td>n Active Duty</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>d This Tour</td>
</tr>
<tr>
<td>Senior Assistant (LT, O-3)</td>
<td>3 years Promotion</td>
<td>10 years Training</td>
<td>8 years d This Tour</td>
</tr>
<tr>
<td></td>
<td>Credit</td>
<td>and Experience</td>
<td></td>
</tr>
<tr>
<td>Assistant (LTJG, O-2)</td>
<td>7 years Training</td>
<td>7 years Training</td>
<td>4 years</td>
</tr>
<tr>
<td></td>
<td>and Experience</td>
<td>and Experience</td>
<td></td>
</tr>
</tbody>
</table>

*For official statements of eligibility for promotion, see INSTRUCTIONs 1 and 2, Subchapter CC23.4 of the CCPM; for official statements on maximum training and experience credit on appointment, promotion eligibility, and establishing grades on call to duty, see INSTRUCTION 4, Subchapter CC23.3 of the CCPM. Records of officers being considered for competitive promotions are forwarded to the appropriate promotion board once a year. Officers may be promoted to both the temporary and permanent assistant (LTJG, O-2) and senior assistant (LT, O-3) grades following an administrative review as the controlling dates are reached; medical officers may also be promoted to the temporary full (LCDR, O-4) grade on a similar basis. Promotions to all higher grades are competitive.*

*Reflected under column headed "Seniority Credit Dates From" CCPM Pamphlet No. 1, "Commissioned Officer Roster and Promotion Seniority.*

*Time in current tour of duty must be met as of March 1 of the year in which the record is reviewed.*

*The following categories are nonrestricted: Medical, Dental, Engineer, Scientist, and Veterinary.*

*The following categories are restricted: Nurse, Sanitarian, Pharmacy, Dietetics, Therapy, and Health Services.*
**A Supervisor’s Guide to the Commissioned Personnel System, 1999**

**Help**

1. Consult PSB, DCP, at 301-594-3108, when you have questions about promotion.
2. Written sources of information include:

   a. INSTRUCTION 1, "Permanent Promotion Program," Subchapter CC23.4;
   b. INSTRUCTION 2, "Temporary Grade Promotion," Subchapter CC23.4;
   c. INSTRUCTION 3, "Exceptional Capability Promotion," Subchapter CC23.4;
   d. INSTRUCTION 4, "Promotion Boards," Subchapter CC23.4;
   e. INSTRUCTION 5, "Failure of Permanent Promotion," Subchapter CC23.4 of the CCPM; and
   f. CCPM Pamphlet No.1, "Commissioned Officer Roster and Promotion Seniority."

**AWARDS AND DECORATIONS**

**Key Concepts**

1. A unique honor award system is used for PHS commissioned officers. The officer’s immediate supervisor, another management official, a co-worker, or someone outside PHS with knowledge of the accomplishment(s) deserving recognition can nominate an officer under your supervision for an award.

2. Commissioned officers are eligible for service decorations, after performing a specific type of duty under particular conditions.

3. There are six individual honor awards which may be given to officers. These are, in order of precedence:

   a. Distinguished Service Medal (DSM);
   b. Meritorious Service Medal (MSM);
   c. Outstanding Service Medal (OSM);
   d. Commendation Medal (CM);
   e. Achievement Medal (AM); and
   f. PHS Citation (CIT).

4. The DSM, MSM, and OSM may also be awarded with valor for an act of heroism. There are two honor awards which are meant for groups of individuals. These groups can consist of solely commissioned officers (COs) or a combination of COs and civil servants (CS). Even 1 CO can be nominated for a unit award if the exemplary service was performed by a group - not an individual (e.g., 1 CO and 6 CS's). These are, in order of precedence:

   a. Outstanding Unit Citation (OUC); and
   b. Unit Commendation (UC).

5. There are seven service decorations which are awarded when an officer successfully completes a specific type of assignment which has inherent hardships. These decorations are:

   a. National Emergency Preparedness Award (NEPA);
   b. Foreign Duty Award (FDA);
   c. Hazardous Duty Award (HDA);
d. Isolated Hardship Award (ISOHAR);
e. Special Assignment Award (SAA);
f. Crisis Response Service Award (CRSA); and
g. Smallpox Eradication Campaign Ribbon (SECR).

6. Commissioned officers are not eligible for performance-based cash awards presented under the Civil Service Incentive Awards Program. However, commissioned officers may participate and receive cash awards for inventions and suggestions which result in improvements in the effectiveness and efficiency of the Federal Government. Another category of award which may result in a cash award is Scientific Achievement. This category is narrowly defined and again must not be based on "superior performance." All cash awards must be approved by the Director, DCP, and must be received by the officer through the Compensation Branch (CB), DCP, by way of the officer's monthly pay check. Official personnel orders are issued to document a cash award.

Procedures

The chart shown in Table 6 shows the approving official, presenting official, and level of board review. Other procedures are explained in the CCPM INSTRUCTIONs cited under the Help section.

Table 6
Award Nomination and Approval Chart

<table>
<thead>
<tr>
<th>Approving and presenting authorities for commissioned officer awards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Honor Awards</strong></td>
</tr>
<tr>
<td>Distinguished Service Medal</td>
</tr>
<tr>
<td>Meritorious Service Medal</td>
</tr>
<tr>
<td>Outstanding Service Medal</td>
</tr>
<tr>
<td>Commendation Medal</td>
</tr>
<tr>
<td>Achievement Medal</td>
</tr>
<tr>
<td>PHS Citation</td>
</tr>
<tr>
<td><strong>Unit Awards</strong></td>
</tr>
<tr>
<td>Outstanding Unit Citation</td>
</tr>
<tr>
<td>Unit Commendation</td>
</tr>
<tr>
<td><strong>Service Awards</strong></td>
</tr>
<tr>
<td>National Emergency Preparedness Award</td>
</tr>
<tr>
<td>Hazardous Duty Award</td>
</tr>
<tr>
<td>Foreign Duty Award</td>
</tr>
<tr>
<td>Special Assignment Award</td>
</tr>
<tr>
<td>Isolated Hardship Award</td>
</tr>
<tr>
<td>Crisis Response Service Award</td>
</tr>
<tr>
<td>Smallpox Eradication Campaign Award</td>
</tr>
</tbody>
</table>

Bicentennial Unit Commendation Ribbon (BUC)  (The BUC ribbon was awarded to all officers on active-duty during 1998 to commemorate the 200th anniversary of the Act signed by President John Adams on July 16, 1798, that created the precursor to the PHS. Officers who received this ribbon during the bicentennial year can continue to wear the ribbon.)

1. OPDIV Awards Board
2. Commissioned Corps Awards Board

*OPDIV Head may redelegate approval authority to Center/Institute/Bureau/Area Directors or equivalent.
Paperwork

The nominator should submit form PHS-6342-2, "Individual Honor Award Nomination Record," or form PHS-6342-1, "Unit Honor Award Nomination Record," as appropriate. These forms are available in electronic format from your OPDIV Awards Coordinator. Please provide all data as requested as accurately as possible. This will hasten the evaluation of your nomination. The supporting narrative must be limited to two pages. A bullet format clearly describing the officer's accomplishments and their impact in language easily understood by a multidisciplinary board is suggested.

Help

1. For assistance, contact the awards coordinator in your program or OPDIV.
2. Written information about the awards and decorations is contained in:
   a. INSTRUCTION 1, "Commissioned Officers' Awards Program," Subchapter CC27.1;
   b. INSTRUCTION 1, "Authorization to Wear Awards," Subchapter CC27.9;
   c. INSTRUCTION 5, "Commissioned Officers' Incentive Awards Program; Cash Awards for Inventions, Suggestions, and Scientific Achievements;" Subchapter CC27.1 of the CCPM; and
   d. CCPM Pamphlet No. 67, “PHS Commissioned Corps Awards.”

POOR PERFORMANCE AND MISCONDUCT

Key Concepts

1. The keys to management of marginal or substandard performance are:
   a. ability and willingness to identify the marginal or substandard performer;
   b. completely candid performance evaluations;
   c. documentation;
   d. consistency of actions; and
   e. willingness to pursue disciplinary action.

2. When practicable, a marginal or substandard performer should be provided an opportunity to demonstrate acceptable performance by an evaluative reassignment.

3. Where the life or safety of patients, employees, or the general public might be compromised, reassignment should be considered only under the most controlled situation. In no case should such a reassignment be effected without the complete knowledge of the gaining supervisor, the officer, and the Office of the Director, DCP.

4. An adverse action specialist in the Office of the Director, DCP, will provide assistance to supervisors and program managers when marginal or substandard performers are identified and corrective action is planned.
5. **Informal counseling** - It is essential to convey management's dissatisfaction with performance to the officer concerned. Informal counseling is one of the most productive ways in which both management and the concerned officer may benefit. The officer, his or her supervisor, and/or program management must discuss the performance problem and ways in which it can be corrected as soon as the problem is first identified. The supervisor and/or management should document the counseling session for their own records, including the date and time of counseling, topics discussed, discussion participants, and outcome of the counseling. This document should be shared with the concerned officer. The officer should also be afforded an opportunity to correct the record if he or she believes it to be in error. Any such correction should be maintained with management's recollection of the counseling session.

6. **Disciplinary Actions** - The actions summarized generally relate to violations of the standards of conduct or other forms of misconduct, such as absence without authorized leave (AWOL). Subsequent to completing the probationary period, officers may be involuntary separated for marginal or substandard performance. There are basically three types of disciplinary actions, summary actions, those that require board action, and those requiring a hearing. Disciplinary actions may be summary in nature, may require a board, or may require an evidentiary hearing.

7. **Nonduty with Pay** - This is a temporary measure to be taken only when allegations of misconduct or unsatisfactory performance are of such severity that the officer is suspended as a precautionary measure pending full investigation of the allegations, or because of a pending involuntary separation, board of inquiry, or fitness-for-duty evaluation. The supervisor or program manager will initiate a form PHS-1662, “Request for Personnel Action - Commissioned Officer,” indicating the start date and end date (no more than 60 calendar days from the start date). A photocopy of form PHS-1662 will be immediately faxed to the Office of the Director, DCP, (fax number 301-443-3101) with the original form PHS-1662 send to the Director, DCP, through regular channels.

a. **Summary Actions Not Requiring a Hearing or a Board**

   (1) **Letter of Reproval** - A memorandum to the officer detailing the problem and setting forth criteria to resolve it may be written by the supervisor and given to the officer concerned. A copy of the letter of reproval should be kept by the supervisor, but no copy is included in the officer's OPF, which is maintained by DCP.

   (2) **Letter of Reprimand** - If the performance problem or misconduct warrants it, the supervisor may issue a letter of reprimand to the officer. The primary difference between a letter of reprieve and a letter of reprimand is that the letter of reprimand is placed in the officer's OPF for a period not to exceed 2 years. Most personnel actions in the commissioned corps involve a board review (e.g., promotions, details, assimilation, special assignment, etc.). A letter of reprimand in his or her file can adversely affect the officer's career in multiple ways.

   (3) **Involuntary Termination** - An officer's commission can be terminated without a hearing if he or she has been (a) AWOL for 30 or more consecutive days, (b) has been convicted of a criminal offense and sentenced to more than 30 days in a State or Federal correctional facility with or without suspension, or (c) is being separated during the probationary period.
b. Actions Requiring a Board

(1) Involuntary Separation - Several different authorities permit the involuntary separation of an officer for marginal or substandard performance or for misconduct. You will be guided by the adverse action specialist in DCP throughout this process.

(2) Involuntary Retirement Board

(3) Temporary Promotion Review Board - (For officers holding a temporary grade higher than the permanent grade). If an officer's performance is not up to par for an officer at that grade level, if performance declines after having been satisfactory, or if there is evidence that an officer has engaged in misconduct, a Temporary Promotion Review Board may be convened to decide whether an officer should lose the most recent temporary promotion, thus reducing the officer's grade level by one grade.

c. Actions Requiring a Hearing

(1) Involuntary Separation of a Regular Corps Officer

(2) Board of Inquiry - When an officer is charged with misconduct by his or her superior or other responsible persons, the officer may be ordered to appear before a board of inquiry. The board, after considering all the evidence, may recommend exoneration, termination of the officer's commission, or lesser disciplinary actions. If the officer's commission is terminated, his or her service may be characterized as "honorable," "under honorable conditions," or "under other than honorable conditions."

Procedures

1. Marginal or Substandard Performance

a. Identify performance deficiencies quickly. Try to find the reason for the deficiency and discuss it with the officer as soon as possible. If you would like help preparing for a counseling session with the officer, contact the Office of the Director, DCP, at 301-594-3000.

b. Document the problems and your efforts to correct them. Present the problems to your program management for guidance. Be sure the officer’s COER accurately describes the officer’s performance; do not inflate the COER in hopes that performance will improve. If you need additional help at any time, contact the adverse action specialist in the Office of the Director, DCP.

c. If you and your program decide to take some type of disciplinary action, contact the Office of the Director, DCP, immediately. Make sure the problem and the efforts of you and your program to resolve the problem are fully documented and available to the DCP specialist helping you.

d. If you suspect performance deficiencies may be based on underlying medical problems, contact the Medical Affairs Branch (MAB), DCP at 301-594-6330, for advice.
2. Misconduct

a. Always make sure that allegations of misconduct are based on evidence obtained in a fair and objective manner. If it will not jeopardize an investigation in progress, the officer concerned should be questioned and his or her statement taken into account.

b. Working closely with your program management and fully documenting all actions surrounding the allegations are two extremely important responsibilities which you have.

c. When allegations of misconduct are made, immediately notify the DCP adverse actions specialist and any pertinent investigative organization.

d. You must be guided by DCP and your program management from the time allegations of misconduct are made throughout the entire disciplinary process.

e. Misconduct that may be criminal in nature must be reported to the Inspector General (IG) before any administrative actions are taken. Do not proceed with disciplinary action until given clearance to do so by the IG.

Paperwork

1. Document all actions you take, all conversations with the officer, and all other actions related to the matter. Documentation should include dates on which incidents and discussions occur, brief summaries of what was said to whom by whom, copies of any written materials concerning the incident, copies of background material such as performance reports, and anything else that may have a bearing on the case.

2. If formal written documents, memoranda, or affidavits are needed, you will be instructed by program management and DCP about them, and assisted in their development.

Help

1. Contact your program management first when a problem arises.
2. Seek help from the Office of the Director, DCP, in conjunction with your program management.
3. An adverse actions specialist in DCP handles most performance and conduct problems. This specialist can be reached at any of the following phone numbers: 301-594-2727, 301-594-2729, or 301-594-2730.
4. Written information about marginal or substandard performance, or misconduct is included in the following CCPM Subchapters:

   a. INSTRUCTION 1, "Separation of Officers in the Regular and Reserve Corps Without Consent of the Officers Involved," Subchapter CC43.7;

   b. INSTRUCTION 1, "Retirement of PHS Commissioned Officers," Subchapter CC43.8;

   c. INSTRUCTION 1, "Discipline Action," Subchapter CC46.4;

   d. INSTRUCTION 1, "Involuntary Separation During the Probationary Period Served by Officers on Active Duty in the Reserve Corps," Subchapter CC23.7;
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e. INSTRUCTION 4, "Involuntary Separation of Regular Corps Officers for Marginal or Substandard Performance," Subchapter CC23.7;

f. INSTRUCTION 6, "Involuntary Termination of Reserve Corps Officers’ Commissions for Marginal or Substandard Performance," Subchapter CC23.7;

g. INSTRUCTION 3, "Retirement of an Officer With 30 Years of Active Service," Subchapter CC23.8;

h. INSTRUCTION 4, "Involuntary Retirement After 20 Years of Service," Subchapter CC23.8;

i. INSTRUCTION 1, "Standards of Conduct," Subchapter CC26.1;

j. INSTRUCTION 1, "Leave of Absence; General," Subchapter CC29.1;

k. INSTRUCTION 5, "Absence Without Authorized Leave," Subchapter CC29.1;

l. INSTRUCTION 2, "Temporary Grade Promotions," Subchapter CC23.4; and

m. INSTRUCTION 4, “Nonduty with Pay Status,” Subchapter CC23.6.

SUBSTANCE ABUSE

Substance abuse is defined for the commissioned corps as the use of illegal substances, or the use of legal drugs (such as alcohol) in a manner which adversely affects an officer's performance or conduct. Officers will be held responsible for unacceptable performance or conduct which results from their personal decisions regarding their use of substances. Often, officers will become aware that they are not in control of their use of substances before this becomes apparent to supervisors. Officers with problems in the control of their use of substances should contact the Medical Evaluations Section of the Medical Affairs Branch (MAB), DCP, at 1-800-368-2777 x3 or 301-594-6330 for confidential assistance in receiving necessary evaluation and treatment. The first priority of the PHS is to help officers with substance abuse to recover and become fully productive again. However, persisting substance abuse will not entitle an officer to medical disability benefits and could lead to administrative separation without benefits.

Key Concepts

1. PHS policy defines alcohol and drug abuse as the recurring, non-medically supervised use of alcohol or drugs in such a manner as to adversely affect the performance of official duties or conduct of a PHS commissioned officer.

2. Substance abuse is considered a medical condition amenable to treatment and/or control, and therefore is not grounds for medical disability retirement.

3. Since substance abuse is a personal decision made by the officer involved, he or she is responsible for seeking appropriate treatment and for any adverse effects such abuse has on the performance of official duties and conduct.

4. The supervisor must always approach a substance abuse situation from the aspect of performance or conduct. If the officer indicates that the performance problems may be caused by substance abuse,
and requests assistance, the supervisor should help the officer find a suitable treatment program. If not, the supervisor must proceed solely on the basis of the performance or conduct problems and counsel the officer accordingly.

5. It is inappropriate for the supervisor who suspects substance abuse as the cause of performance problems to make such a statement to the officer or to become professionally involved in treatment. Further, a supervisor may not refer an officer for treatment against the officer's wishes. However a supervisor may refer an officer to Employee Assistant Program regarding observed performance or conduct problems.

6. If counseling about performance problems is initiated by the supervisor, the supervisor should set specific time limits for the officer in which the officer's performance is expected to improve. About 2 to 3 months should be allowed for initial improvement when an officer is undergoing treatment for substance abuse. If performance or conduct problems are severe, dangerous, or disruptive, more urgent intervention by DCP may be warranted.

7. An officer undergoing a treatment program will be treated as any other officer with an illness. Sick leave should be approved as needed. However, excessive use of sick leave, regardless of the cause, requires an investigation by the Medical Evaluations Section of MAB. MAB’s investigation will determine whether a review of the officer's fitness-for-duty by the PHS Medical Review Board is appropriate.

Procedures

1. When an officer's performance or conduct deteriorates, schedule a counseling session with the officer as soon as practicable.

2. If the officer indicates he or she has a substance abuse problem, counsel the officer to contact MAB at 1-800-368-2777 or 301-594-6330, for advice about suitable treatment programs.

3. Set specific goals with the officer for improving performance and follow through.

4. If you suspect an officer is having a substance abuse problem, do not confront the officer about your suspicions. Always address performance and conduct.

5. Allow an officer in a treatment program sufficient time to improve before taking any adverse actions.

6. If the officer refuses treatment or treatment is not effective, proceed to take adverse action based on poor performance or conduct.

7. Work closely with the officer, program management, and MAB, DCP, until some resolution is reached.

Paperwork

1. Document carefully each incident of unacceptable performance or behavior, all counseling given, referrals made, and the officer's response to counseling and referrals. This documentation will be needed if the officer fails to improve.

2. If any written documentation or information is needed, you will be advised by program management or MAB, DCP, at 301-594-6330, about how to proceed.
Help

1. Use whatever program means are available to help an officer with a substance abuse problem.

2. Seek advice and support from program management and MAB, DCP, at 1-800-368-2777 or 301-594-6330.

3. Written policy and information about substance abuse is contained in INSTRUCTION 8, “Policy on Alcohol and Other Drug Abuse,” Subchapter CC29.3 of the CCPM.

MALPRACTICE

Key Concepts

PHS commissioned officers are afforded protection against malpractice claims provided the alleged incident occurred while the officer was acting within the scope of his or her office or assignment. The officer's activities must be described in his or her billet or a memorandum (see #9 under "Billets and Billet Descriptions"). If the officer acted within the scope of his or her office or assignment at the time of the alleged incident, the United States Government will be exclusively liable for the action and malpractice claims will be defended by the U.S. Department of Justice.

Procedures

1. If an officer under your supervision is sued, immediately notify:

   Chief, Litigation Branch
   Business and Administrative Law Division
   Office of the General Counsel, HHS
   Room 5362, Cohen Building
   330 Independence Avenue, SW
   Washington, D.C. 20201
   Phone: 202-619-0150 or 202-619-2155
   Fax: 202-619-2922

2. Generally, the Department of Justice is asked to defend the officer and is assisted by the HHS Office of the General Counsel.

3. You will usually be asked to provide information that supports the individual charged by showing that the individual was acting within the scope of official duties. Therefore, the documentation of duties explained in the officer's billet description is very important.

4. As with disciplinary actions, you will be guided by management, DCP, and the Office of the General Counsel throughout the entire process.

5. No statements relating to the complaint should be made to the plaintiff or his or her attorney without the prior approval of the Office of the General Counsel.
Paperwork

You will be informed of any written materials you must provide to assist in this situation.

Help

1. You will be directed by program management, the Office of the General Counsel, DCP specialists, and U.S. Department of Justice officials.

2. Written information about malpractice and PHS commissioned officers is contained in INSTRUCTION 6, "Defense of Suits Involving Charges of (1) Medical Professional Liability of Negligence, or (2) Liability or Negligence Incident to Operation of a Motor Vehicle," Subchapter CC29.9 of the CCPM.

3. PHS distributes a pamphlet about PHS health professionals and malpractice entitled, "Medical Malpractice Claims, A Guide for PHS Health Professionals," which was developed by the Claims Branch, Program Support Center. A copy of this pamphlet may be obtained by writing to: Claims Branch/PSC, Room 5C-10, 5600 Fishers Lane, Rockville, MD  20857-0001 (Phone: 301-443-1904).

LICENSURE AND CERTIFICATION

Key Concepts

1. PHS policy requires that health care providers possess and maintain current, unrestricted license/certification/registration appropriate to their profession. Officers are expected to assume the financial cost of maintaining their professional license/certification/registration. PHS does not pay for licensure exams or renewals.

2. The PHS supports continuing education. Where possible, PHS programs may provide time (with pay) and/or financial reimbursement for continuing education courses necessary for maintaining professional skills.

3. PHS officers who are required to maintain a license/certification/registration, must continue to do so even if the billet they occupy does not require delivery of health care services.

Procedures

1. The following PHS health care providers must be licensed in a State or U.S. Territory:

   - Physicians
   - Dentists
   - Nurses
   - Pharmacists
   - Optometrists
   - Podiatrists
   - Physical Therapists
   - Clinical Psychologists
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1. Veterinarians
1. Occupational Therapists (certification by American Occupational Therapy Association if State License is not offered)
1. Social Workers (certification by Academy of Certified Social Workers or Federation of Clinical Social Workers if State license is not offered)
1. Physician Assistants (certification by National Commission on Certification of Physician Assistants)
1. Dental Hygienists

2. The following providers must possess certification or registration:

1. Audiologists (American Speech-Language-Hearing Association)
1. Dietitian/Nutritionists (Commission of Dietetic Registration)
1. Medical Record Administration
1. Medical Technologists

3. A copy of the current credentials with the expiration date and the officer's PHS serial number clearly visible must be sent by the officer to the Licensure Technician, ODB, DCP, for data entry inclusion in the officer's OPF. If policy requires that an officer maintains a current valid license as a PHS Commissioned Corps officer, the officer is required to do the following when his or her license renewal arrives:

a. Make a photocopy of the license renewal upon receipt from the issuing authority;
b. Record his or her PHS Commissioned Corps serial number in the lower right-hand corner of the copy; and
c. Fax the copy to 301-443-7069 or mail the copy to: Division of Commissioned Personnel/HRS/PSC, ATTN: Licensure Technician, ODB, 5600 Fishers Lane, Room 4A-18, Rockville, MD 20857-0001.
d. To verify receipt and data entry, call CorpsLine at 301-443-6843. (Please allow a minimum of 2 weeks for processing.)

4. To receive a commission, an applicant must possess appropriate license/certification/registration for their profession. It must be valid, current, and unrestricted. Some officers are brought on active duty with a licensure limited tour restriction for a specified period of time. During this period, the officer must secure appropriate licensure/certification/registration or face separation from active duty. The following categories of officers who are new graduates, may be placed on a limited tour of duty during which time they must obtain appropriate credentials:

1. Medical
1. Dental
1. Pharmacy
1. Optometry
1. Podiatry
1. Therapy
1. Social Work
1. Clinical Psychology
1. Dental Hygiene
1. Dietetics
1. Medical Records Administration
1. Medical Technology
1. Veterinary Medicine
1. Physician Assistant
5. If an officer has a Uniformed Services inactive license or its equivalent, that license or its equivalent will be acceptable provided the individual:
   - has undergone an examination in his or her profession;
   - maintains continuing education credits required by the State; and
   - if required by law or policy change, can immediately activate his or her license solely by payment of the State licensure fee.

6. Where possible, the PHS programs may provide time with pay (this can be administrative leave) or in some cases financial reimbursement for some or all of the costs of short-term training courses for continuing education purposes or for licensing examinations. Officers should check with the program prior to committing funds.

7. Officers who are not required by PHS policy to maintain licensure or certification, such as engineers and sanitarians, may voluntarily submit a copy of a State license or professional certification for inclusion in their OPF.

Help

1. Human resources: Consult ODB, DCP, 301-594-3360.
2. Written resources include:
   a. INSTRUCTION 4, "Professional Licensure/Certification Requirements for Commissioned Officers in the Public Health Service," Subchapter CC26.1; and
   b. INSTRUCTION 4, "Appointment Standards and Appointment Boards," Subchapter 23.3 of the CCPM.

SEPARATION AND RETIREMENT

Key Concepts

The term separation means that an officer leaves active duty. All separations fall into one of three categories: voluntary, involuntary, or disability. There are several reasons or ways by which an officer may separate.

1. Voluntary Separations
   a. Termination
   b. Inactivation
   c. Retirement
      (1) 20-year retirement
      (2) 30-year retirement
      (3) Age 64 retirement

2. Involuntary Separations
   a. Probationary separation (within first 3 years)
   b. Involuntary separation (after the probationary period but before retirement eligibility)
   c. Involuntary 20-year retirement
   d. Involuntary 30-year retirement
3. Disability Separations
   a. Without benefits
   b. With severance pay
   c. Retirement

Each of these topics is addressed below.

VOLUNTARY SEPARATIONS

Key Concepts

1. There are three types of voluntary separations.

   a. Termination - An officer who terminates his or her commission severs all ties with the PHS
      Commissioned Corps.

   b. Inactivation - An officer who wishes to leave active-duty status (work status as a commissioned
      officer) but who wants to maintain an official affiliation (other than retirement) with the PHS
      Commissioned Corps requests appointment to the Inactive Reserve Corps. To be appointed to the
      inactive reserve the individual must have a good active-duty work record, be recommended for
      appointment by a supervisor and program management, meet medical retention standards, and be
      willing to participate in short-term active-duty assignments in the event of a crisis or national
      emergency. If the President signs an Executive Order mobilizing the Corps, inactive reserve officers
      may be recalled to active duty without their consent for indefinite periods of time. While in inactive
      duty status, an individual earns credit towards pay if returned to active-duty, and has the opportunity
      to remain in touch with the Nation's largest health agency.

   c. Retirement - To be eligible to retire from the commissioned corps, an individual must have served at
      least 20 years of active duty, 10 years of which must be in PHS, reached age 64, or must be disabled
      to such an extent from service-connected medical problems that he or she is no longer fit for duty. (See
      “Disability Retirement and/or Separation.”) The law requires that all retirements (except disability
      retirements) be made effective the first day of a month. There are several types of retirement. These
      are:

      (1) 20-year retirement - When an officer has been on active duty for at least 20 but less than 30 years,
          he or she may request permission to retire. The authority to act on a request for retirement rests
          with the Surgeon General, who bases his or her decision on comments from a retirement board,
          program management, and the officer's supervisor.

      (2) 30-year retirement - When an individual has been on active duty for 30 years or more, the
          individual may retire at any time without board approval by submitting the appropriate separation
          forms to PSB, DCP, no later than 30 days before his or her last day present at the duty station.
(3) **age 64 retirement** - When an individual reaches age 64, he or she may retire at any time without board approval by submitting the appropriate separation forms to PSB, DCP, no later than 30 days before his or her last day at the duty station.

2. The supervisor cannot prevent an officer from separating. Only DCP can deny separation, and then only when one of the following occurs:

   a. the President has declared a national emergency or war; or
   b. the officer wishes to retire with less than 30 years of active service or before reaching age 64.

3. If an officer leaves the duty station, travels, or ships household goods before separation personnel orders are issued, the officer may be declared AWOL and may not be reimbursed for expenses incurred before the issuance of orders.

4. Upon separation, an officer is entitled to travel entitlement and payment for, transfer of, or use of, unused leave. In some circumstances an officer may be divested of use of these entitlements. An officer will be divested of:

   a. payment for, transfer of, and denied use of, his or her unused annual leave if the officer's form PHS-1373, “Separation of Commissioned Officer,” is not received in DCP at least 30 days prior to the last day that the officer is physically present at his or her duty station.

   b. payment for, transfer of, and denied use of, his or her unused annual leave if the officer voluntarily separates from active duty before completion of 12 months of active duty.

   c. all travel entitlement for himself or herself and for dependents and of payment for shipment of household goods if the officer separates from active duty before completion of 24 months of active duty.

   d. payment for, transfer of, and denied use of, his or her unused annual leave, and will be divested of all travel entitlement for the officer and his or her dependents and of payment for shipment of household goods if the officer:

      (1) separates from active duty before completing any active-duty obligation; or
      (2) fails to complete the agreed to period of service under any special pay contract.

   e. If an officer is divested of unused annual leave, he or she may not take or be granted annual or terminal leave. If the leave-granting authority approves annual or terminal leave without knowing that the officer is to be divested, and the officer has departed his or her last duty station on terminal leave, the officer will be ordered back to duty for the balance of the officer's time. If the officer fails to report back to duty, he or she will be placed in AWOL status. While in AWOL status all pay and allowances are forfeited, medical care and disability benefits are not allowed, and costs for travel and shipping will not be reimbursed. In addition, the time in AWOL does not count toward completion of an active-duty obligation.
Procedures

1. **Common Procedures**

   a. The officer leaving active duty generally initiates the forms needed to generate issuance of a personnel order. The officer is encouraged to keep a photocopy of the necessary forms.

   b. Most paperwork should be sent through the supervisor to program management and on to DCP, with the exception of form PHS-1373, "Separation of a Commissioned Officer." The original (top sheet) of the multi-copy form PHS-1373, with Part A completed is sent directly to TAS, DCP, while the remaining copies are forwarded through the officer’s supervisory/management chain (for completion of Parts B and C) with other separation documents.

   c. All paperwork should be received in TAS 30 days prior to the requested date of separation, with the exception of form PHS-31, “PHS Commissioned Corps Officer’s Leave Record,” which must be submitted 60 days before separation. (See 3. under Paperwork.)

   d. The officer’s supervisor decides whether or not an officer may take terminal leave (annual leave taken after a separation request is submitted) just as he or she would approve all other annual leave. The officer may be paid a lump sum for any unused annual leave, up to a maximum of 60 days in a career, upon separation.

   e. DCP will send the officer a separation personnel order with a package of information about policies concerning separation, the proper procedures to follow, the forms that must be completed, and the benefits and entitlement the officer can use during and after separation.

2. **Termination procedures** - When an officer decides to terminate voluntarily, follow Common Procedures above.

3. **Inactivation procedures** - When an officer separates from active duty and requests appointment to the Inactive Reserve Corps upon separation, the officer’s supervisor and program management should consider the value to PHS of continuing affiliation with the officer. The supervisor recommends for or against inactive reserve appointment on the officer's separation request. After this step, follow Common Procedures above.

4. **20-year retirement procedures**

   a. An officer initiates a memorandum to the Director, DCP, requesting approval to retire.

   b. The memorandum must be routed through the officer’s supervisor for endorsement on a separate memorandum. The supervisor may endorse or object to the request depending upon his or her evaluation of the effect of the proposed retirement on the officer’s program. The retirement board is especially responsive to comments made by supervisors and program management.

   c. The supervisor should forward the memorandum with his or her comments through remaining program channels for further endorsement or objection. The formally reviewed memorandum is then sent to TAS for presentation to the retirement board.

   d. The Surgeon General (SG) decides who may retire based on the retirement board's recommendations.
Once the decision is made, the supervisor and the officer are informed of the decision. At this point, common separation procedures are used.

5. **30-year retirement and age 64 retirement** - Follow Common Procedures above. The date of retirement should be coordinated with you to allow sufficient time to find a suitable replacement.

**Paperwork**

1. All separations (voluntary, involuntary, retirement, inactivation) are initiated by form PHS-1373, "Separation of Commissioned Officer."
   
   a. Form PHS-1373 is normally completed by the separating officer, since information about forwarding addresses, travel preferences, and other personal information is requested.
   
   b. When the officer completes Part A of form PHS-1373, he or she sends the original (top sheet) directly to DCP; to TAS for all separations, to CB for retirement. DCP begins processing immediately.
   
   c. The copies of form PHS-1373 must be submitted to the officer’s supervisor for various endorsements and fiscal information. The supervisor forwards the copies through remaining program channels. The form copies are finally sent to DCP where the copies are matched with the original (top sheet).
   
   d. **THE ORIGINAL (TOP SHEET) OF FORM PHS-1373 MUST BE RECEIVED IN DCP NO LATER THAN 30 DAYS BEFORE THE LAST DAY THE OFFICER WILL BE PRESENT AT THE DUTY STATION.** Failure to meet this deadline may result in denial of lump-sum leave payment and reimbursement for travel expenses and shipment of household goods.
   
   e. After form PHS-1373 has been processed, a personnel order will be issued authorizing the separation and separation entitlement.
   
   f. The retiring officer will receive a package containing information and forms needed for his or her retirement prior to the retirement board meeting and the issuance of any orders.

2. Terminal leave must be requested and approved on form PHS-1345, "Request and Authorization for Leave." Terminal leave must be requested and approved **before** form PHS-1373 is submitted.

3. Form PHS-31, "PHS Commissioned Corps Officer’s Leave Record," must be balanced (including any terminal leave to be taken), certified by the leave maintenance clerk and the leave-granting authority, and submitted to DCP before the officer can be paid for unused annual leave. If form PHS-31 is not received in DCP within 60 days of the officer's separation, no lump-sum leave payment will be made.
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4. All paperwork should be sent to:

<table>
<thead>
<tr>
<th>SEPARATIONS</th>
<th>RETIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division of Commissioned Personnel/HRS/PSC</td>
<td>Division of Commissioned Personnel/HRS/PSC</td>
</tr>
<tr>
<td>ATTN: Transactions and Applications Section/PSB</td>
<td>ATTN: Compensation Branch</td>
</tr>
<tr>
<td>5600 Fishers Lane, Room 4-20</td>
<td>5600 Fishers Lane, Room 4-50</td>
</tr>
<tr>
<td>Rockville, MD 20857-0001</td>
<td>Rockville, MD 20857-0001</td>
</tr>
<tr>
<td>Fax: 301-443-5366</td>
<td>Fax: 301-594-2711</td>
</tr>
</tbody>
</table>

5. DCP will send the officer a pamphlet of information about benefits and entitlement, information about the Inactive Reserve Corps, and all other forms the officer needs to effect separation and use the benefits.

Help

1. Termination and Inactivation

   a. Human resources:
      (1) For information about the procedures and paperwork related to separation, contact TAS, DCP, at 301-594-3544.
      (2) To learn the status of a specific separation action, call TAS, DCP.

   b. Written resources:
      (1) INSTRUCTION 3, "Form PHS-1373, Separation of a Commissioned Officer," Subchapter CC23.6 of the CCPM; and
      (2) CCPM Pamphlet No. 32, "Information on Separation."

2. Voluntary Retirement

   a. Human resources: Contact CB, DCP, at 301-594-2963.
   b. Written resources from the CCPM include:

      (1) General information - INSTRUCTION 1, "Types of Retirement and Creditable Service for Retirement Eligibility," Subchapter CC23.8;

      (2) 30 year - INSTRUCTION 3, "Retirement of an Officer With 30 Years of Active Service," Subchapter CC23.8;

      (3) 20 year - INSTRUCTION 5, "Voluntary Retirement After 20 Years of Service," Subchapter CC23.8; and

IN VOLUNTARY SEPARATION

Key Concepts

1. There are two categories of involuntary separation for other than medical reasons (i.e., disability retirement or medical separation with severance pay). Medical separation and disability retirement are converted under the section entitled "Disability Retirement and/or Separation."
   a. adverse actions, which means an officer is separated because of a performance deficiency or conduct problem; and
   b. separations because of major Service-wide program needs, such as reductions-in-strength.

2. Proper documentation, sufficient documentation, and more documentation are the most important and helpful actions you can take as a supervisor involved in an adverse action and involuntary separation. The most common reason that prevents an involuntary separation of an officer for performance or conduct problems is lack of adequate documentation to substantiate the action.

3. Separation can be based on misconduct, including AWOL, and on marginal or substandard performance.

4. The supervisor and program management always work very closely with DCP throughout the entire involuntary separation process.

5. The type of involuntary separation authority used generally depends upon the status of the officer (reserve corps or regular corps) and the reason for the separation.
   a. Dropped from rolls due to AWOL or conviction.
   b. Probationary Period - The first 3 years of each tour of active duty are considered a probationary period. During that time, special probationary separation authorities may be used to involuntarily separate an officer. Separation under the probationary authorities may be due to poor performance, misconduct, or because of administrative need. No board review is required when this authority is used. There are some special provisions of the probationary period that you should know. Officers can be involuntarily separated from active duty during the probationary period for reasons including, but not limited to:
      (1) abolishment of an officer’s position due to budgetary restrictions, or nonavailability of appropriate assignment;
      (2) unsuitability, i.e., the officer demonstrates general character traits that make him or her unsuitable for continued service;
      (3) failure to demonstrate the level of performance, conduct, dedication to duty, or professional attitude and attributes expected of an officer in the Uniformed Services;
      (4) failure to meet the requirements of a limited tour of duty, such as medical, licensure, or program limited tours;
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(5) refusal to accept reassignment;

(6) unsatisfactory conduct before call to active duty based on factual information obtained subsequent to entry on duty, i.e., information that would have disqualified the officer for appointment if it had been known in advance; or

(7) failure to disclose complete and accurate information during the application process.

c. Three year file review. After serving in the regular corps for 3 years, an officer’s file is reviewed to determine if he or she should be retained on active duty. If a board recommends that the officer be separated, the officer will receive 6 months severance pay.

d. The period after the probationary period, but before the officer is eligible to retire, is the time frame in which it is most difficult to separate an officer involuntarily. Due process procedures must be followed based on status as reserve or regular corps officers. Only regular corps officers are entitled to a hearing unless the case is referred to a board of inquiry. An involuntary separation during this period is usually an adverse action (with the exception of reductions-in-strength).

e. After the officer becomes eligible for voluntary retirement, there are provisions that make it possible to involuntarily retire an officer.

6. If an officer is involuntarily separated or if the officer separates without fulfilling an obligated period of service, the supervisor may recommend and DCP may decide to divest the officer of unused annual leave and reimbursement for travel, transportation, and shipment of household goods if the reasons for the separation warrant it.

7. Involuntary separation should only be initiated after all other available remedies have failed or are found inappropriate. Intermediary steps are discussed in “Performance Evaluations.”

8. Officers who request voluntary separation in lieu of facing a disciplinary board should not be recommended for the Inactive Reserve Corps.

Procedures

1. When an action is taken to separate an officer involuntarily, the supervisor normally is the initiator and principal official involved in the action. The program will need to submit adequate documentation to support the required action.

2. Contact program management immediately when a problem occurs. You and program management should contact the DCP adverse action specialist as soon as you begin considering an involuntary separation.

3. Follow the guidance you obtain from the Office of the Director, DCP, at 301-594-3000.
Paperwork

Follow the guidance obtained from DCP if a decision is made by DCP to separate an officer involuntarily.

Help

1. Human resources: Consult your program management and jointly contact the adverse action specialist in the Office of the Director, DCP.

2. Written resources from the CCPM include:
   
a. Probationary separation - INSTRUCTION 1, “Types of Retirement and Creditable Service for Retirement Eligibility,” Subchapter CC23.8; and INSTRUCTION 1, “Involuntary Separation During the Probationary Period Served by Officers on Active Duty in the Reserve Corps,” Subchapter CC23.7.


c. Involuntary separation after the probationary period but before retirement:

   (1) Poor performance -
   Reserve corps: INSTRUCTION 6, “Involuntary Termination of Reserve Corps Officers’ Commissions for Marginal or Substandard Performance,” Subchapter CC23.7; and
   Regular corps: INSTRUCTION 4, “Involuntary Separation of Regular Corps Officers for Marginal and Substandard Performance,” Subchapter CC23.7;

   (2) Discipline - INSTRUCTION 1, “Disciplinary Action,” Subchapter CC46.4;

   (3) AWOL - INSTRUCTION 5, “Absence Without Authorized Leave,” Subchapter CC29.1;

   (4) Reductions-in-strength - INSTRUCTION 3, “Reduction in Strength Within the PHS Commissioned Corps Due to Program Reductions,” Subchapter CC23.7;

   (5) Three year file review - INSTRUCTION 1, “Separation of Officers in the Regular and Reserve Corps Without Consent of the Officers Involved,” Subchapter CC43.7; and


d. Involuntary retirement

   (1) 30-year - INSTRUCTION 3, “Retirement of an Officer With 30 Years of Active Service,” Subchapter CC23.8; and
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DISABILITY RETIREMENT AND/OR SEPARATION

Key Concepts

Important: Because death in a disability retired status usually is financially more favorable for survivors than is death on active duty, the supervisor must notify MAB, DCP, immediately if an officer has a critical illness.

1. An officer may be separated or retired from active duty if the officer is found unfit to perform the duties of his or her grade, category, or office because of one or more physical or mental conditions. The mere existence of a medical condition which could be disabling does not make the individual unfit for duty. There must be a cause and effect relationship between the medical condition and the officer's performance. However, a Medical Review Board may find an officer unfit for duty if he or she has a condition not presently affecting performance of duty but which is likely in the near future to require extensive use of sick leave or medical services and for which there is significant probability that the officer will be unable to return to duty for a protracted period of time.

2. For an officer to qualify for any PHS benefits, the officer's disability must be incurred in the line of duty or be service aggravated. For most purposes, these two terms mean that the medical condition must have been incurred or aggravated while the officer was on active duty, and must not be the result of the officer's willful neglect or misconduct. Natural progression of pre-existing disease or impairments is not considered service aggravation.

3. Drug and alcohol abuse or addiction are never grounds for disability retirement since they are amenable to treatment. They may, however, be grounds for involuntary separation if performance deteriorates to a significant extent for a prolonged period. See “Substance Abuse.”

4. Each case in which it is alleged that an officer is unfit for duty because of a medical condition is brought before a Medical Review Board, convened by the Director, DCP, which will examine the medical evidence and the individual's performance reports. The Medical Review Board will make a recommendation concerning each case and forward the recommendation to the Surgeon General for a final decision.

5. The finding of the Board review will be one of the following.

a. **Fit for duty** - The officer is expected to perform the duties of his or her job without restrictions.

b. **Fit for limited duty** - The officer is expected to perform the duties of his or her job without change or within the limitations stipulated by the Board. Limited duty status normally will not exceed 1 year.

c. **Unfit for duty** - An officer found unfit may not be retained on active duty. Therefore, one of the following must occur.

(1) **Separation without benefits** - No benefits are available when a disability is incurred outside the line of duty, when the disability is noncompensable because it is a result of the individual's misconduct or willful neglect, when the disability occurs during a period of AWOL, or when the
disability is pre-existing and no service aggravation has occurred.

(2) **Separation or retirement with benefits** - If the officer is found unfit for duty because of a medical problem, two actions can be taken.

   a) **Separation with severance pay** - If the officer has less than 20 years of creditable service for retirement purposes and the combined percentage of disability is less than 30 percent, he or she must be separated with severance pay.

   b) **Disability retirement** - If the officer has at least 20 years of creditable service for retirement purposes or the percentage of disability is 30 percent or more, he or she must be retired. If the medical condition causing the disability is unstable, the individual may be placed in temporary disability retirement for up to 5 years pending stabilization of the condition. If the condition is stable and unlikely to improve, the individual will be permanently disability retired.

d. **Unsuitable** - If the officer has a non-compensable impairment that renders him or her unsuitable for the Service (e.g., character and/or behavior disorders, or alcohol or drug abuse), the case is referred to the Director, DCP, for administrative action.

6. The following individuals can initiate a request to DCP for a fitness-for-duty evaluation: the officer; the supervisor or program management; or MAB, DCP.

7. If a fitness-for-duty evaluation results in a finding that the officer is fit for duty but the officer in question continues to be a marginal or substandard performer, the actions described under the involuntary separation section of this chapter may be initiated.

**Procedures**

1. An officer may request a fitness-for-duty evaluation if he or she feels unable to perform assigned duties because of a medical condition. The request should be in memorandum form to the Director, DCP, stating the reasons for requesting the evaluation.

2. A supervisor or program manager may request a fitness-for-duty evaluation for any commissioned officer under his or her authority if he or she believes that a medical condition is causing the officer's performance to be unacceptable. The request should be in writing to the Director, DCP, including a detailed description of the performance problems and any substantiating documents. A copy of the request should be submitted directly to MAB, DCP. The original should be sent through OPDIV/Program channels for concurrence at the OPDIV/Program Head level.

3. The Director, DCP, will initiate a fitness-for-duty evaluation for any officer who is on sick leave for 90 consecutive days, for 120 days in a 12-month period, or who has a medical condition which may be disabling or otherwise places the officer or others in jeopardy should the officer continue on active duty.
4. Once the fitness-for-duty evaluation process is begun, MAB, DCP, works closely with the officer, program officials, and the Medical Review Board throughout the entire evaluation process.

5. The procedures followed by the Medical Review Board are based on CCPM Pamphlet No. 47, "Disability Evaluation Manual for the Commissioned Corps of the U.S. Public Health Service," and criteria set forth in Department of Defense (DoD) Directive 1332.18 (subject: Uniform Interpretation of Laws Relating to Separation from the Military Service by Reason of Physical Disability), and the Department of Veterans Affairs Schedule for Rating Disabilities.

6. Once a decision is reached to separate or retire an officer for disability, follow the procedures explained by MAB, DCP. The program is responsible for processing form PHS-1373 "Separation of Commissioned Officer," and for forwarding the officer's leave record to DCP.

7. For planning purposes, supervisors should be aware that 4 to 6 months may elapse between submission of a request for fitness-for-duty evaluation and actual medical separation.

**Paperwork**

1. With the exception of the initial memorandum requesting the fitness-for-duty evaluation, any forms, performance appraisals, medical examination records, or other documents related to the review process will be requested from the appropriate individuals or offices by MAB, DCP.

2. Once a decision to separate or retire an officer for disability is made, follow the guidelines provided by MAB, DCP.

**Help**

1. Contact MAB, DCP, at 1-800-368-2777 x 3 or 301-594-6330, if you have questions about fitness-for-duty evaluations, performance problems that may be caused by a medical condition, or disability separation/retirement.

2. Written resources include:
   
   a. INSTRUCTION 1, "Retirement of PHS Commissioned Officers," Subchapter CC43.8;
   
   b. INSTRUCTION 6, "Disability Retirement," Subchapter CC23.8;
   
   c. INSTRUCTION 7, "Medical Appeals Board Incident to Findings and Recommendations of the Commissioned Corps Medical Review Board," Subchapter CC23.8;
   
   d. INSTRUCTION 8, "Policy on Alcohol and Other Drug Abuse," Subchapter CC29.3 of the CCPM; and
   
   e. CCPM Pamphlet No. 47, "Disability Evaluation Manual for the Commissioned Corps of the U.S. Public Health Service."
LEAVE AND ATTENDANCE

Key Concepts

1. Commissioned officers are subject to call to duty 24 hours each day, every day of the year. They work whatever hours are scheduled by their supervisor. Therefore, they are never eligible for overtime or compensatory time when they work longer than 8 hours a day, during the night or on weekends, or more than 40 hours a week.

2. The supervisor prescribes duty hours for each officer under his or her charge. Prescribed duty hours should approximate the normal work week for the facility. However, a supervisor may prescribe any duty hours he or she finds necessary to satisfactorily accomplish the mission of his or her work group. An officer may file a formal grievance against a supervisor who sets work hours in a malicious, arbitrary, or capricious manner.

3. Except in emergency circumstances, annual leave must be approved in advance and in writing by the officer's leave-granting authority. Program management may designate individuals to act as leave-granting authorities. A leave-granting authority does not have to be the immediate supervisor. In emergency circumstances, approval must be obtained from the leave-granting authority at the earliest possible time.

4. If an officer is not at work during scheduled duty hours and is not in an official leave status, the officer is AWOL and forfeits a full day's pay, allowances, and benefits for each day in AWOL status. Thirty consecutive days AWOL is grounds for termination of an officer's commission. Lesser periods of AWOL may subject an officer to disciplinary proceedings including possible involuntary separation.

5. Leave records are the responsibility of the leave maintenance clerk. The clerks are responsible for the currentness, completeness, and accuracy of the leave records.

6. There are six types of leave for commissioned officers:

   a. **Annual leave**

      (1) **Amount earned and carried over** - Each officer earns 30 days of annual leave each year, the equivalent of 2.5 days per month. Not more than 60 days of annual leave may be carried from one leave year (based on the calendar year) to another. Since this is a statutory requirement, any annual leave in excess of 60 days is lost as of December 31. There are no exceptions to this requirement.

      (2) **Charging leave** - Annual leave must be taken in 1-day (whole day) increments.

      (3) **Nonwork days and holidays** - Any nonworkday or holiday contained within a period of annual leave must be charged against the officer's annual leave balance. Nonworkdays or holidays immediately before or immediately after a period of annual leave are not chargeable.

      (4) **Advanced annual leave** - Up to 30 days annual leave may be advanced to an officer in any given calendar year. It should be authorized in exceptional cases only, such as personal hardship or family emergency. It may not be granted upon call to active duty prior to an officer's reporting
for duty, and should not be given to an officer suspected of abusing leave. Annual leave shall not be authorized for an officer who has been incarcerated pursuant to being charged or held for a criminal offense, and has been placed on AWOL status. If an officer knows that he or she will be incarcerated, he or she cannot request authorization for annual leave for that period. Advanced annual leave is paid back at the rate annual leave is earned; 2.5 days per month. It may not be granted for use as terminal leave (see below).

(5) **Leave deficit upon separation** - If an officer has not paid back advanced annual leave by the date of the officer's separation, any pay or allowances due to the officer will be reduced by the dollar amount equal to the amount of the officer's annual leave deficit. If the officer still has an annual leave deficit after reduction of pay and allowances, the officer will be declared indebted to the Federal Government, and collection action will begin.

(6) **Lump sum payment upon separation** - Upon separation, an officer may receive lump-sum payment of up to a maximum of 60 days for unused annual leave. The lump-sum payment includes only basic pay, basic allowance for housing, and basic allowance for subsistence. The 60-day limitation applies to an officer's lifetime; that is, if an officer received a payment for 60 days of unused annual leave upon separation from any of the Uniformed Services, the officer would not be entitled to another payment if he or she is later separated from a Uniformed Service.

(7) **Terminal leave** - Terminal leave is annual leave that is approved before the officer submits his or her request for separation from active duty and that is taken after the officer submits his or her request for separation (form PHS-1373). It may be taken in one segment through the date of separation or it may be broken into several segments. Terminal leave is not an entitlement. It should be granted only if the leave-granting authority believes the officer's absence will not adversely affect program operations. If the officer's absence would have an adverse effect, it should be denied. An officer is still on active duty during terminal leave but may accept outside employment provided approval for such employment is obtained from the appropriate OPDIV/Program officials.

(8) **Leave earned for less than a full month**

(a) Upon call to active duty or restoration to pay status from leave without pay on a date other than the first of the month, an officer earns leave as shown in the table below:

<table>
<thead>
<tr>
<th>First day of active duty is</th>
<th>Leave credited that month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st - 6th</td>
<td>2½ days</td>
</tr>
<tr>
<td>7th - 12th</td>
<td>2 days</td>
</tr>
<tr>
<td>13th - 18th</td>
<td>1½ days</td>
</tr>
<tr>
<td>19th - 24th</td>
<td>1 day</td>
</tr>
<tr>
<td>25th - 31st</td>
<td>½ day</td>
</tr>
</tbody>
</table>

(b) Upon separation (including termination, inactivation, retirement, or death) and placement in leave without pay status on a date other than the first of the month, an officer earns leave as shown in the table below:

<table>
<thead>
<tr>
<th>Last day of active duty is</th>
<th>Leave credited that month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st - 6th</td>
<td>½ day</td>
</tr>
</tbody>
</table>
(9) **Divestment of leave upon separation** - If an officer voluntarily breaks an active-duty service agreement, such as by failing to complete the period of service agreed to in a special pay contract, the officer will be divested of all annual leave to the officer's credit at the time of separation, as well as all travel and transportation entitlement. In this case, the officer may not be granted annual leave (or terminal leave) to circumvent divestment of the lump-sum annual leave payment. In addition, the leave-granting authority must deny any request for annual leave (or terminal leave) once it is known that the officer plans to break an active-duty service obligation. Officers lose payment for, transfer of, and use of, unused annual leave, and all travel entitlements for themselves and their dependents and of payment for shipment of household goods if they separate from active duty before completing any active-duty obligation or they do not complete the agreed to period of service under a special pay contract.

b. **Sick leave**

(1) **Amount earned and charged** - Sick leave is granted as needed, but only for the physical incapacity of the officer. PHS commissioned officers are not included in the provisions of the Family and Medical Leave Act of 1993. An officer does not earn and is not charged for sick leave. Officers are required to submit a leave form (PHS-1345) to the leave-granting authority who forwards the leave slip to MAB, DCP. The officer should obtain prior approval for scheduled medical care.

(2) **Statement from physician** - If an officer is on sick leave for 3 days or more, or a lesser period if administratively desirable, the leave-granting authority may require the officer to submit a written statement from his or her physician certifying the need for absence from duty. In cases of projected prolonged absence, the supervisor may require the physician’s statement of occupationally pertinent functional limitations, and may require the officer to perform limited duties which do not transgress the physician specified functional limitations. Such statements should be required if the leave-granting authority suspects that the officer may be abusing sick leave. If the supervisor has adequate reason to suspect that the physician is not reporting the officer’s capacity to work accurately, the supervisor may require the officer to obtain a “second-opinion, immediate duty status determination” preferably from a military treatment facility.

(3) **Pregnancy** - Sick leave is granted for those periods during pregnancy when an officer is unable to work, for delivery, and recuperation. The amount of prepartum sick leave authorized is based on the officer’s capacity to work as determined by her physician. However, for post partum sick leave, officers who had vaginal deliveries are expected to return to work after 42 days of post partum convalescence, beginning the day after the day of hospital discharge. Officers who had Caesarean deliveries may remain off duty 14 days longer. Post partum sick leave which exceeds these limits may be denied if not found medically justifiable by MAB. In cases of denial of extended post partum sick leave, the excessive absence will be charged to annual leave (unless the officer requests that it be considered AWOL).

(4) **Extended periods of sick leave** - An officer who has been on sick leave for 90 consecutive days
or 120 days aggregate in any 12-month period must have his or her medical condition reviewed by the PHS Medical Review Board. If any officer is expected to use more than 30 consecutive days of sick leave, MAB, DCP, (301-594-6330) should be notified and a plan developed to monitor the officer's condition.

(5) **Fitness-for-duty** - The term, “fitness-for-duty,” refers to an officer’s physical qualification for retention on active duty over the long term, and often does not address the appropriateness of granting requested sick leave for the present or short term future. For the latter issue, “immediate duty status,” see item b.1. above. A Medical Review Board makes a determination about an officer's fitness-for-duty based on medical records, performance reports, and input from supervisors and managers.

(6) **Separation for disability** - An officer found unfit-for-duty because of a physical or mental condition may be separated from the Service or retired.

c. **Station leave**

(1) Whenever an officer is away from the duty station during off-work hours, on nonworkdays (except those that fall within a period of annual leave), or for a period of less than 1 workday, he or she is considered to be on station leave.

(2) **Approval** - Station leave may be granted at the discretion of the officer's leave-granting authority. At a minimum, verbal approval of station leave must be granted in advance by the officer's leave-granting authority. However, a leave-granting authority may require an officer to obtain written approval in advance. Officers do not have a right or entitlement to station leave. Station leave during days the officer would normally be on duty should be used only to permit an officer to carry out activities that would be difficult to do during nonwork hours; e.g., parent-teacher conferences, closing on a house, taking a family member for health care.

d. **Administrative leave**

(1) **Amount available** - Administrative leave is an unchangeable absence for 1 or more full workdays. When making a permanent change of duty station, up to 3 days can be granted. In other circumstances it is limited to not more than 5 days per year.

(2) **Appropriate uses** - It may not be granted for personal reasons for which annual leave should be taken. Valid reasons for requesting and granting administrative leave include: attendance at professional meetings; taking professional examinations when such examinations will be of benefit to the officer and PHS; upon change of duty station to arrange for shipment of household goods (up to 3 days in this case); or other similar reasons.

(3) **Approval** - Administrative leave should be approved in advance on form PHS-1345 by the officer's leave-granting authority.
e. **Court leave**

(1) An officer may be granted court leave, but may not accept a fee for services, except for reimbursement for expenses (travel and/or per diem):

   (a) for jury service;
   (b) as a witness for the U.S. or District of Columbia Government;
   (c) as a witness on behalf of a State or local government;
   (d) as a witness on behalf of a private party in an official capacity; or
   (e) as a witness on behalf of a private party when the U.S., District of Columbia, or State Government is a party in the suit.

(2) Annual leave must be taken in all other circumstances.

f. **Leave without pay**

An officer may be placed in a leave without pay status only when detailed to a State or political subdivision related to the functions of PHS; or to a nonprofit education, research, or other institution engaged in health activities or conducting program studies, research, and activities relating to public health or of significance to the functions of PHS. Leave without pay may not be granted for personal reasons, to participate in training, or the personal convenience of the officer. In order to be placed in leave without pay status, a personnel order must be issued removing the officer from pay status, making it necessary to submit a form PHS-1662 and coordinate the action with ODB, DCP. See “Details” for more information about leave without pay status.

7. Whenever an officer is absent from the work place during scheduled work hours, and is not in one of the types of leave described above, the officer is AWOL. While AWOL, an officer is removed from pay and benefits status upon notification of DCP. Thirty consecutive days of AWOL is grounds for termination. Disciplinary action, including the possibility of termination, may be taken against an officer who is AWOL for less than 30 consecutive days. The Office of the Director, DCP, should be notified immediately when an officer is AWOL.

8. Abuse of annual, sick, administrative, court, or station leave requires immediate intervention by the supervisor and the leave-granting authority. An officer can be required to have all leave approved in writing in advance, can be disciplined by the supervisor for leave abuse, and can be referred to a Board of Inquiry for disciplinary action. Abuse of sick leave or leave patterns suggestive of a health problem should be discussed with MAB, DCP.

**Procedures**

1. The supervisor makes arrangements for a leave maintenance clerk to keep records of the amount of annual leave earned and taken, showing the available leave balance. The clerk should also keep copies of all leave requests approved for that officer, and must send the originals of all sick leave requests to MAB, DCP. If the supervisor is not the leave-granting authority, the leave-granting authority should make these arrangements.
2. An officer submits a request for annual leave to his or her supervisor. If the supervisor is the leave-granting authority, the supervisor approves or disapproves the request based on the likely impact of the officer's absence on the program. An officer can be required to defer annual leave or shorten the requested period until a project or busy period is completed.

3. If the supervisor is not the leave-granting authority, the supervisor recommends for or against leave and forwards the request to the leave-granting authority for approval.

4. If leave is disapproved, deferred, or shortened, the leave request should be returned to the officer with an explanation of the decision. Possible alternatives should be discussed.

5. If leave is approved, the leave request should be returned to the officer, and a copy should be given to the officer's leave maintenance clerk.

6. The officer should carry the approved annual leave slip (form PHS-1345) with him or her while on leave. Upon return to the duty station, the officer signs the request and gives it to his or her leave-granting authority for review and signature. Then the leave slip is passed on to the leave maintenance clerk.

7. **Terminal leave** - Terminal leave is requested and approved following annual leave procedures. However, all terminal leave must be requested and approved before the officer submits the separation papers, form PHS-1373.
   
   a. After form PHS-1373 is submitted, the leave will be charged to the officer regardless of whether it is actually taken, and no leave other than that authorized can be granted. The only exceptions include personal medical emergencies in which annual leave should be changed to sick leave, when the officer's leave is revoked because of program requirements, or when the officer submits a physician's certificate of illness for the days in question.

   b. Written documentation must be submitted by the officer to substantiate any emergency requiring the changing or granting of leave.

   c. If an officer has unused annual leave to his or her credit upon separation, the officer may be paid for up to 60 days in a lump-sum payment following separation, if the officer has not previously received lump-sum payment from any of the Uniformed Services.

   d. At the time of separation, the leave maintenance clerk must certify the officer's leave record and submit it to DCP with the other separation papers to ensure payment for unused annual leave.

8. **AWOL** - The supervisor is generally the first person to know when an officer is AWOL.

   a. Contact the Office of the Director, DCP, and program management immediately when an officer is AWOL.

   b. As soon as possible, a memorandum should be written and submitted to DCP by the supervisor to generate a personnel order removing the officer from pay and benefits status and placing him or her in official AWOL status. The supervisor may wish to discuss possible disciplinary measures at this time with program management and DCP.
c. Upon the officer's return, another personnel order must be issued removing the officer from AWOL status.

d. If it becomes apparent that the officer will not return, the supervisor should begin involuntary separation procedures in consultation with program management and DCP.

9. Verification of Annual Leave Record - On September 30 of each year, the leave maintenance clerk completes form PHS-3842, “Report of Commissioned Officer Annual Leave,” and forwards the form to the officer. This form allows the officer an opportunity to verify his or her leave balance.

10. Disposition of Leave Records Upon Transfer - The leave maintenance clerk at the officer's new assignment is responsible for requesting the officer's leave record from his or her former duty station. The leave record must be certified as correct by the leave maintenance clerk and the leave-granting authority.

Paperwork

1. All types of leave are requested on form PHS-1345, "Request and Authority for Leave of Absence."
2. The officer completes part one of the form.
3. If the supervisor is not the leave-granting authority, he or she makes a recommendation in part two.
4. The leave-granting authority approves or disapproves the request in part three (the supervisor who is also the leave-granting authority only need sign part three).
5. Upon the officer's return from leave, he or she signs part four verifying that the leave was actually taken, and gives form PHS-1345 to his or her leaving-granting authority for review and signature. Form PHS-1345 is then given to the leave maintenance clerk who makes appropriate entries into the officer's leave record card (form PHS-31).

6. Terminal leave - Upon separation or retirement, the leave maintenance clerk records any terminal leave to be taken on form PHS-31, computes any accrued annual leave balance, certifies the accuracy of form PHS-31, and submits it with copies of form PHS-1373 to DCP. Upon receipt of the certified form PHS-31, DCP will begin processing a lump-sum leave payment for any unused annual leave to the officer's credit on the date of separation.

7. AWOL - The supervisor initiates a memorandum documenting the start (and end, if available) of the period of AWOL and submits it to DCP to generate a personnel order placing the officer AWOL. The issuance of the personnel order triggers the removal of the officer from pay status. If the officer returns to the duty station, and he or she will be retained on active duty, another memorandum must be submitted by the supervisor to DCP to remove the officer from AWOL status and restore pay. THE OFFICER MAY NOT BE REIMBURSED FOR PAY, ALLOWANCES, OR BENEFITS LOST DURING THE AWOL PERIOD.

8. Sick Leave - When an officer returns from sick leave, the original (top sheet) of the PHS-1345 must be sent to MAB, DCP, for inclusion in the officer's medical folder. This copy must be sent even if the officer has only been out for a day or two and did not need to consult a physician.
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9. **Maternity Leave** is sick leave granted because of incapacity due to pregnancy or confinement (delivery). As for other sick leave, prepartum maternity leave must be medically justifiable. Postpartum maternity leave is likewise granted only for the incapacity of the officer, not for infant care. As a matter of administrative uniformity, and if medically indicated, maternity leave following vaginal delivery is up to 42 consecutive days beginning the day after hospital discharge. For Caesarean delivery, it is up to 56 days. Leave beyond these limits must be charged to annual leave unless MAB determines that there is medical justification for additional sick leave. Reference: INSTRUCTION 4, “Sick Leave,” Subchapter CC29.1 of the CCPM.

10. Form PHS-3842, "Report of Commissioned Officer Annual Leave," is completed by the leave maintenance clerk on September 30 of each year. This form is given to the officer to verify his or her leave balance.

11. Upon transfer, the leave maintenance clerk at the officer's new duty station will request that the officer's leave record (form PHS-31) be sent to his or her new duty station. The leave record must be certified as correct by the leave maintenance clerk and the leave-granting authority.

**Help**

1. Human Resources
   a. For information about all types of leave, contact the Office of the Director, DCP, 301-594-3000.
   b. For assistance with an AWOL case, contact the Office of the Director, DCP, first.

2. Written Resources
   a. INSTRUCTION 1, "Leave of Absence; General," Subchapter CC29.1;
   b. INSTRUCTION 2, "Annual Leave," Subchapter CC29.1;
   c. INSTRUCTION 3, "Transfer of Leave Between Commissioned Corps and Other Federal Leave Systems," Subchapter CC29.1;
   d. INSTRUCTION 4, "Sick Leave," Subchapter CC29.1;
   e. INSTRUCTION 5, "Absence Without Authorized Leave," Subchapter CC29.1 of the CCPM;
   f. CCPM Pamphlet No. 32, "Information on Separation;”and
   g. CCPM Pamphlet No. 68, “Information on Absence and Leave.”

**OATH OF OFFICE**

**Key Concepts**

1. As part of the application process, an officer must execute an oath of office to the United States Government and agree to serve wherever he or she is needed. The oath is not an offer of appointment. Appointments are effected only by official personnel orders.

2. Both inactive reserve officers and retirees are still considered as holding Federal offices, and are subject to certain standards of conduct if they wish to retain their commissions.

**Procedures**
1. Every officer must complete an oath of office prior to the time of appointment to the reserve corps, and upon appointment to the regular corps:

"I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without mental reservation or purpose of evasion; that I will faithfully discharge the duties of the office upon which I am about to enter, so help me God.

I am willing to serve in any area or position or wherever the exigencies of the Service may require.

I am not participating in any strike against the Government of the United States or any Agency thereof, and I will not participate while an employee of the Government of the United States or any Agency thereof.

I have not, nor has anyone in my behalf, given, transferred, promised, or paid any consideration for or in expectation of hope of receiving assistance in securing such appointment."

2. The oath must be administered by either a notary public or authorized Federal official such as a personnel officer.

3. Personnel orders will not be issued until the executed oath is received in DCP. Any individual who does not execute the oath is not entitled to receive pay, allowances, or benefits.

4. For applicants applying for an appointment to the reserve corps, an oath of office is forwarded by TAS. For officers applying for an appointment to the regular corps, an oath of office is forwarded by PSB, DCP.

**Paperwork**

The oath of office is form PHS-5141, "Public Health Service Commissioned Corps Appointment Affidavit."

**Help**

For information about and assistance with the oath, contact PSB, DCP, or TAS, DCP, as appropriate.

**STANDARDS OF CONDUCT**

**Key Concepts**

1. Commissioned officers are subject to the same standards of conduct that apply to other employees of the Department of Health and Human Services.

2. Additional standards apply to commissioned officers because they hold an "office" as described above.
3. The standards apply to the way in which an officer performs his or her duties as well as to the officer's private life. The areas covered include: conduct on the job; financial obligations; acceptance of gifts, entertainment, and favors; political activity; outside activities; financial interests and reporting financial interests; provisions relating to experts, consultants, and advisory committees; disciplinary action; reporting violations; and conduct and responsibilities of former employees. They may be found in 45 CFR Part 73, and in INSTRUCTION 1, “Standards of Conduct,” Subchapter CC26.1 of the CCPM.

4. Use of Government Property. An officer has the responsibility to protect and conserve Federal property and obey the rules and regulations regarding its use. He or she cannot directly use or allow the use of Government property for other than officially approved activities.

5. Second Job Outside the Government. Commissioned officers may not engage in outside employment or other activity not compatible with the full and proper discharge of the duties and responsibilities of their Government employment. Officers are encouraged, however, to engage in teaching, lecturing, writing, and publishing that is not prohibited by law, executive order, or OPDIV regulation provided such activity is not dependent upon information obtained as a result of Government employment, except when such information has been made available to the general public. Officers must obtain prior approval (form HHS-520, “Request for Approval of Outside Activity”) for certain outside activities. For information pertaining to the need for advanced approval, refer to INSTRUCTION 1, “Standards of Conduct,” Subchapter CC26.1 of the CCPM. Commissioned officers may not be granted station leave during scheduled work periods for the purpose of engaging in outside activities for which compensation is received.

6. Conflict of Interest. Generally speaking, officers cannot participate personally and substantively as Government employees in a matter in which they have financial interest. There is no minimum value or control that constitutes financial interest. This prohibition also applies to spouses, minor children, partners, organizations in which they serve as an officer, director, trustee, partner, or employee, and any person or organization with which they are negotiating for prospective employment or have an arrangement for prospective employment. The standards of conduct regulations also prohibit officers from having a financial interest that conflicts or even appears to conflict with their Government duties and responsibilities. This is especially true for officers assigned to regulatory OPDIVs or Agencies, such as the Food and Drug Administration, Health Care Financing Administration, and Environmental Protection Agency.

7. Gifts, Entertainment, and Favors. An officer may not solicit or accept anything of monetary value. This includes gifts, gratuities, favors, entertainment, or loans from any person who (1) has or is seeking any business or financial relationship with the OPDIV, (2) conducts operations or activities that are regulated by the OPDIV, or (3) has any interests that may be substantially affected by the performance or nonperformance of the officer's duties. OPDIVs vary on the restrictions they impose. Your OPDIV may have additional restrictions, or may provide some exemptions. In certain circumstances, officers may accept a gift from an Indian tribe if the value does not exceed $200.00 and it is not intended to influence the officer’s performance of his or her official duties.
Procedures

1. The supervisor and program management ensure that an officer adheres to the standards.

2. If it appears that an officer has violated a standard, the supervisor must bring the violation to the officer's attention and direct the officer to stop. If an officer continues, the supervisor may wish to take actions described in “Poor Performance and Misconduct.”

3. Certain conduct is permissible if it is approved in advance or reported in accordance with established procedures. This includes certain writing and editing; certain types of teaching, lecturing, and speech-making; professional and consultative services; any other outside activity for which a PHS component Head imposes an internal requirement for advance approval; and certain office-holding activities in professional societies.

4. The supervisor or program manager should confer with the OPDIV/Program Ethics Officer when questions arise.

Paperwork

1. To request approval of outside work or activities, an officer must complete form HHS-520, "Request for Approval of Outside Activity," and submit it to the supervisor for approval. A copy of this form should be sent to the officer's OPF.

2. Senior officials (officers in pay grades O-7 and above) must complete and submit form SF-278, "Executive Personnel Financial Disclosure Report," to their supervisors upon appointment to the executive position, and must update the information on the form as necessary. A copy of this form should not be sent to the officer's OPF.

3. Certain other officers are required to file financial disclosure forms in accordance with guidelines established by the Head of their OPDIVs/Programs. These individuals should complete form HHS-473, "Confidential Statement of Employment and Financial Interests," and submit it to their supervisors. The supervisor should maintain the record in accordance with OPDIV procedure. A copy of this form should not be sent to the officer's OPF.

Help

1. Information about the departmental standards of conduct can be obtained from any local personnel office.

2. Approval and disclosure forms can be obtained from the OPDIV's normal forms supply channel.

3. Opinions about appropriate outside work activities for commissioned officers can be obtained from the Office of the Director, DCP.

4. Information about financial interests and disclosure can be obtained from the OPDIV’s/Program’s Ethics Offices or the office of the OPDIV Head.
5. Written information about the standards of conduct can be found in INSTRUCTION 1, "Standards of Conduct," Subchapter CC26.1 of the CCPM.

GRIEVANCES

Key Concepts

1. A commissioned officer may file a grievance about an unsatisfactory situation if it is within the control of PHS management to correct. Several situations are not grievable. These include peer review or board action taken under PHS auspices, established hearing or appeal procedures, or some other type of due process.

2. In situations involving officers who are detailed to Programs outside HHS, the grievance procedures of that Program may take precedent over those described here. Contact DCP for assistance in processing a grievance in these circumstances.

3. The initiation of a grievance will not be viewed as a reflection on the loyalty or desirability of the aggrieved officer or on the capabilities of the person grieved against.

4. Since prompt resolution of grievances is essential, time limits have been established in the grievance process.

5. Any activity by the aggrieved officer, by management, or others which constitutes, or gives the appearance of, harassment of another party or parties during or after the processing of a grievance is subversive to this policy and will not be tolerated.

6. The grievance procedure for commissioned officers permits three levels of presentation.

Procedures

1. An officer initiating a grievance must make the complaint in writing, submit it within 7 workdays of the incident, state the facts of the matter being grieved, and specify the personal remedy sought. The grievance must be concise and relate specifically to the matter(s) being grieved. The remedy sought may not request adverse action or propose harm to another individual.

2. Initial presentation. The initial written grievance is first submitted to the supervisor, or to the PHS official who took the action that gave rise to the grievance if not under the control of the supervisor (hereafter to be included within the term "supervisor"). Within 10 workdays the supervisor must respond in writing with a decision, which may be:

   a. rejection of the grievance;

   b. identification and implementation of a solution; or

   c. a determination that he or she lacks authority to resolve the matter. If this is the case, the supervisor refers the grievance to a higher level authority for decision. Such a referral continues as the initial presentation.
If the first level supervisor does not respond within agreed upon time frames, the aggrieved officer may forward the grievance to the secondary level of management. This referral is identified as the secondary presentation.

3. **Secondary presentation** - Following the initial presentation and decision, if the officer is still not satisfied, he or she may, within 10 workdays of receiving the initial decision, state the reasons for dissatisfaction and request the deciding official to forward the grievance to the next higher line official who has authority over the subject matter of the grievance.

   a. The second presentation is forwarded through the official who made the initial decision, and should be forwarded by this official to the next level within 2 working days.

   b. The second level official has 15 workdays to render a decision.

4. **Final appeal** - If the officer is not satisfied with the second level decision, he or she may make written appeal to a third level official who has line authority over the matter being grieved. This final appeal must be made within 15 workdays of receiving the second level decision.

   a. The final appeal must be forwarded through the official who reviewed the secondary presentation.

   b. The third level deciding official may either issue a decision directly or appoint a special investigator to make findings and recommendations. The deciding official will make a decision within 25 workdays, unless an investigator was appointed, in which case 45 days are allowed for a decision.

5. **Request for Extension**. Any of the specified time limits may be extended by mutual agreement. However, lengthy extensions should be avoided and all parties should attempt to resolve the matter expeditiously.

6. The decision of the third level official is final. However, the Surgeon General (SG) may be requested to review the decision if there is reason to believe that the decision is contrary to law, executive order, regulation, or policy or has been rendered in an arbitrary and capricious manner. Such a review is made at the discretion of the SG.

**Paperwork**

1. The official who renders the final decision keeps all paperwork and documentation related to the grievance for 2 years following the issuance of the final decision.

2. The deciding official should document all investigatory information related to the grievance, all procedures followed, and develop a written decision which should include an explanation of how the decision was reached. There are no official forms to be used in the grievance process. Grievances decisions and appeals are effected by memorandum.

**Help**

1. The Office of the Director, DCP, employs a specialist who can guide both officer and management through the grievance process in conjunction with program officials. This specialist can be reached by calling 301-594-2730.
2. The grievance policy and procedure for commissioned officers is set forth in INSTRUCTION 5, "Grievances," Subchapter CC26.1 of the CCPM.

SELECTIVE SERVICE OBLIGATION

Key Concepts

1. Two years of active duty as a PHS commissioned officer satisfies the service obligation required by the Selective Service Act when a draft is in effect.

2. If a general draft is reinstated, or if there is a partial draft of health professionals, those officers who served on active duty when the draft was not operative will have proof of their service with PHS sent to the Selective Service Administration to document their fulfillment of draft requirements.

Procedures

1. Upon separation from active duty each officer is issued a "Statement of Service," documenting all service performed by the officer with PHS.

2. DCP retains copies of all Statements of Service and will provide the Selective Service Administration with copies of these statements upon implementation of a draft.

3. If the Selective Service Administration contacts an active-duty, inactive reserve, or retired officer, and requests proof of active service, the officer should provide a photocopy of the Statement of Service. The original of the form should always be retained by the officer.

Help

1. If an officer is asked to provide proof of service but is unable to locate the original Statement of Service, the officer should contact PSB, DCP, immediately at 301-594-3108.

2. If an officer has provided proof of service to the Selective Service Administration, and the proof is challenged or questioned, the officer should have the Selective Service Administration contact TAS, DCP, immediately at 301-594-3544.

CORRECTION OF RECORDS

Key Concepts

1. Personnel records provide information used to issue personnel orders. These orders give legal force and effect to all aspects of an officer's career, such as pay, allowances, promotions, assignments, and other related conditions of service. If a personnel order is based on erroneous information, it may result in personal injury, loss or overpayment of Federal funds, violation of Federal or State law, or jeopardy to the PHS mission or to the integrity of the personnel system.

2. The Comptroller General has ruled consistently that no personnel order may be amended, canceled, or revoked retroactively to either increase or decrease vested rights of Government personnel. The
Comptroller General has identified certain exceptions to this rule, however, if an error is apparent on the face of the original order, or all facts and circumstances surrounding the issuance of such order clearly demonstrate that some provision which was previously determined and definitely intended had been omitted through error or inadvertence in preparing the order.

3. DCP will correct a personnel record when the evidence supporting the correction is found acceptable and the correction is justified. DCP is not required to correct a record at this stage if DCP believes the record to be correct and finds that the evidence supporting the request for correction is not convincing.

4. When an officer has exhausted all reasonably available administrative and or legal remedies afforded by law or regulation to have a record corrected, including grievance and equal opportunity complaint procedures, and the officer believes an error or injustice still exists, the officer may make application to the Board for Correction of PHS Commissioned Corps Records. Application should be made within 3 years from when the error or injustice occurred or was discovered. The heirs, guardians, or executors of an officer or his or her estate may also make application for correction of a record if the officer is unable to act on his or her own behalf.

5. The Board for Correction of PHS Commissioned Corps Records is administered by civilian officials. The Board members must not be commissioned officers and the Board is administratively removed from DCP to ensure fairness and avoid bias in Board deliberations.

6. The Board for Correction of PHS Commissioned Corps Records has the authority to require correction of a record and to authorize any financial correction necessary as a result of the Board's decision.

Procedures

1. An officer seeking to correct a record should submit a request in writing to DCP with supporting documentation, asking that a record be corrected. DCP will review the request, change the record if appropriate, or notify the officer of the reason that the record cannot or will not be corrected. If the correction is refused, the officer can seek other means of having the record corrected, such as by appealing to the Board for Correction of PHS Commissioned Corps Records as described below.

2. Board for Correction of PHS Commissioned Corps Records

   a. An applicant must first make a written request for correction of a record pursuant to INSTRUCTION 1, “Board for Correction of PHS Commissioned Corps Records,” Subchapter CC49.9 of the CCPM. The application should be on form PHS-6190, "Application to the Board for Correction of Public Health Service Commissioned Corps Records."

   b. The Board may decide to act on the request based solely on the information provided, to request more information, or to convene a hearing to discover additional information about the error or injustice. The Board may refuse to consider the request because insufficient substantiating information was provided, effective relief cannot be granted by the Board, the Board does not have jurisdiction to determine the matters presented, or the time in which appeal may be made has expired and the interest of justice does not require its acceptance. Regardless of the decision, the applicant will be notified by the Board of its decision about the case.
c. If the Board rules in favor of the applicant, the Board instructs DCP or other components of PHS to make the appropriate correction and payment of any monies owed by the Government as a result of the Board decision. The Board is not authorized to award damages or attorney fees.

Paperwork

1. All requests for correction of records must be in writing and signed by the individual to whom the record pertains. If the individual to whom the record pertains is unable to sign the request, then the spouse, parent, heir, or legal representative should sign the request and provide proof of the officer's inability to initiate the request on his or her own, and of the representative's right to make this claim on the officer's behalf.

2. Form PHS-6190, "Application to the Board for Correction of Public Health Service Commissioned Corps Records," must accompany all other written documents submitted to the Board requesting record correction.

3. Any other documentation or information needed by the Board in making its deliberations will be requested.

Help

1. Information about the appropriate format to use and copies of form PHS-6190 may be obtained from Executive Secretary, Board for Correction of PHS Commissioned Corps Records, Room 17A-12, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857-0001. The telephone number is 301-443-6268.

2. Private counsel may assist in the preparation of materials to submit to the Board and in the presentation of evidence if the Board decides to convene a hearing. The expense of obtaining counsel is the responsibility of the applicant.

3. Written information about the Board for Correction of PHS Commissioned Corps Records is contained in INSTRUCTION 1, Subchapter CC49.9 of the CCPM.

EQUAL OPPORTUNITY

Key Concepts

1. Commissioned officers and applicants to the commissioned corps must comply with and are protected against discrimination in personnel actions on the basis of race, gender, national origin, age, religion, color, or reprisal.

2. PHS officers may be considered in affirmative action plans and are entitled to use the same Equal Employment Opportunity counselors and investigators used by PHS civilian employees.

Procedures, Paperwork, and Help

1. Questions should be referred to the Equal Employment Opportunity office for the OPDIV/Program in which the officer works.
Key Concepts

1. A commissioned officer may be approved for training that will:
   a. help fill staff needs in professional, technical, or managerial areas;
   b. increase the officer’s technical, professional, or managerial proficiency; or
   c. develop the officer’s capabilities for planning and conducting PHS programs.

2. PHS may not support training which will not benefit PHS, such as training taken primarily to obtain a degree or to change professional work areas when the change is not justified by specific PHS needs.

3. Training for commissioned officers is divided into two categories; short-term training and long-term training.
   a. **Short-term training**
      1. Full-time training that does not exceed 30 consecutive days nor a total of 90 calendar days in a fiscal year; part-time training that does not exceed 70 hours in attendance within a 30-day period nor a total of 210 hours in a fiscal year. However, if the short-term training leads to an academic degree, it is treated as long-term training.
      2. Training that may generally be authorized by program officials, such as supervisors and managers, since the authority has been delegated to OPDIV Heads and Regional Health Administrators, and with the authority to redelegate. The individuals who may approve short-term training that leads to a degree are the same as those who may approve long-term training.
   b. **Long-term training**
      1. Training that includes all units or courses in a planned educational program leading to an academic degree, whether taken full time, part time, continuously, or intermittently. If the amount of training to be taken during any one academic term or fiscal year falls within the limits of short-term training but still meets this definition, it will be processed as long-term training.
      2. Training that includes internship or residency training for a period which exceeds that specified as short-term training.
      3. Training that must be approved by the Director, DCP.

4. Extramural Training - Certain types of short-term and long-term training outside the auspices of PHS create an active-duty service obligation for the officer taking the training of 12 months for 6 months of training.

5. Student Training - The Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP) allows PHS supervisors and managers to employ undergraduate and graduate students enrolled in health disciplines during breaks in the academic year. The Senior COSTEP (SRCOSTEP) allows PHS
supervisors and managers to select and sponsor students in the final year of school in return for an active-duty obligation of 16 months for 8 months of training.

**Procedures**

1. Short-term non-degree related training may be requested by an officer on form HHS-350 "Training Nomination and Authorization." However, if the period of training exceeds 30 consecutive days of full-time training or 70 hours in attendance in a 30-day period, form PHS-1122-1, "Application for Training for PHS Commissioned Personnel" should be used.

   a. The program official to whom the authority has been delegated approves or disapproves the request. Normally form HHS-350, “Training Nomination and Authorization,” must be approved by the appropriate program officials as described on the form.

   b. When the training has been successfully completed, the original of the authorization form should be stamped COMPLETED and sent by the supervisor to the Training Specialist, ODB, DCP, for inclusion in the officer's OPF.

2. Long-term training requests must be initiated by the officer concerned, approved by the supervisor, reviewed and approved by higher levels of program management, and received in ODB, DCP, no later than March 15 for training starting July 1 or later of that same year.

   a. The Training Specialist, ODB, DCP, refers the requests to the appropriate professional advisory committee chairperson for a recommendation.

   b. Following the committee recommendation, the request is forwarded to the Training Specialist, ODB, for approval.

   c. Once a decision has been made, the Training Specialist, ODB, DCP, notifies the appropriate program of the decision.

   d. Officers approved for long-term training will be given all additional forms and agreements, including form PHS-1662, "Request for Personnel Action - Commissioned Officer," and the form for obligation of funds when required, that must be executed prior to the start of training by the sponsoring program.

   e. A personnel order and training billet placing the officer in training status must be issued prior to the start of training.

   f. If the training was approved for the entire period for which it was requested, no recertification or additional approvals are needed for the officer to continue and complete the training. Recertification must be obtained if the training is extended beyond the originally approved date on form PHS-1122-1, “Application for Training for PHS Commissioned Personnel.”
3. **JRCOSTEP**

   a. A student makes an application for a JRCOSTEP assignment by completing and submitting a JRCOSTEP application packet. A student who previously held JRCOSTEP assignments can request consideration for future assignments by submitting form PHS-4772, "JRCOSTEP Status Report," or a letter indicating his or her availability. JRCOSTEP packets and forms are available from ODB, DCP.

   b. Applications are screened by DCP to identify eligible students.

   c. Program officials are contacted by DCP three times each year and notified of the dates they may review applications of eligible candidates. Programs then designate the number of JRCOSTEP officers they hope to hire and name the individuals who will participate in the selection.

   d. When a student is selected, the program official is responsible for contacting the student and offering him or her the assignment. If the student accepts, the program official must submit a form PHS-1662, "Request for Personnel Action - Commissioned Officer," and a form PHS-4392, "Billet Description," so that appointment procedures can begin. If a student declines, the program can select alternates.

   e. Upon receipt of form PHS-1662, the student's application file is sent to an appointment board. The student must be found eligible by the appointment board and must meet medical standards before the appointment can be made. If the student meets appointment and medical standards, TAS, DCP, faxes a letter to the student offering the appointment. When the student accepts the position and faxes back an acceptance letter to TAS, a personnel order is issued.

4. **SRCOSTEP**

   a. To be eligible for SRCOSTEP, a student must be enrolled in an accredited school, must be in good standing in a program that will permit the individual to be eligible for appointment in one of the 11 categories of the commissioned corps, and must be eligible to enroll in the final year of the training program.

   b. A student applies for SRCOSTEP by completing and submitting a SRCOSTEP application. These packets are available from the Training Office, ODB, DCP.

   c. Selection (contingent upon the student's ability to be commissioned) is made by officials of PHS OPDIVs or programs participating in SRCOSTEP. DCP notifies applicants before May 1 of their nonselection to SRCOSTEP.

   d. When a student is selected, the program official is responsible for preparing the training purposes and objectives for the officer and initiating form PHS-1662.

   e. Applicants must agree in writing to serve on active duty as a commissioned officer with the PHS for twice the period of training supported by PHS.

   f. Selectees will be appointed and called to "active duty for training" effective the first day on which formal studies begin for the senior or final year (when possible) or a later date as necessary.
A Supervisor’s Guide to the Commissioned Personnel System, 1999

g. The student is appointed as Junior Assistant Health Services Officer (pay grade O-1) in the reserve corps.

Paperwork

1. Short-term training, other than degree related
   a. Form HHS-350, "Training Nomination and Authorization," can be initiated by the officer and sent to the supervisor for approval.
   b. If the supervisor has been delegated authority to approve short-term training, the supervisor approves or disapproves the request by using the criteria discussed in the Key Concepts section, above.
   c. Program policies and procedures should be followed for authorization of travel or other expenses associated with the training.
   d. Following successful completion of the training, the original of the authorization form should be stamped COMPLETED and sent by the supervisor to the Training Specialist, ODB, DCP, for inclusion in the officer's OPF.

2. Short-term training, degree related
   a. Form PHS-1122-1, "Application for Training for PHS Commissioned Personnel," can be initiated by the officer and sent to the supervisor for approval.
   b. If the supervisor has been delegated authority to approve short-term training, the supervisor approves or disapproves the request by using the criteria discussed in the Key Concepts section, above.
   c. Program policies and procedures should be followed for authorization of travel or other expenses associated with the training.

3. Long-term training, degree related
   a. Form PHS-1122-1 must be used to request long-term training.
   b. Each year DCP sends a CCPM Manual Circular--Subject: "Long-Term Training in Extramural (Academic and Residency) and HHS Intramural (Residency) Programs Beginning July 1"--to officers on active duty. Included with this notice are instructions for making application and completing the application process.
   c. The officer completes Parts I and II of form PHS-1122-1, and submits it to the supervisor with other accompanying documents. The supervisor completes item 22 and submits the package through the program officials specified in Section III of form PHS-1122-1.
   d. If the application is approved, the supervisor assists in the preparation of form PHS-1662, submits it to the Training Specialist, ODB, DCP, who then issues the personnel order placing the officer in training status.
4. When a program selects a JRCOSTEP officer, the supervisor must develop the training plan on form PHS-4392, "Billet Description," and must initiate form PHS-1662. Both documents should be submitted through program channels for management approval, and to DCP for processing. These forms should be submitted as soon as possible to allow sufficient time to process the action and arrange for the student to report for duty.

5. When a program selects a SRCOSTEP officer, the officer must complete form PHS-1122-1 and sign an extramural training agreement. These documents must be given to the supervisor for signature. The program must prepare the training purposes and objectives for the officer and initiate form PHS-1662. The documents should be submitted through program channels for management approval, and to the Training Specialist, ODB, DCP, for processing.

6. If an officer separates prior to the completion of his or her active-duty obligation service payback, he or she will be placed into default by the Training Specialist, ODB, DCP.

Help

1. For any information related to training for commissioned officers and SRCOSTEP, contact the Training Specialist, ODB, DCP, at 301-594-3352.

2. For information related to JRCOSTEP, contact TAS, DCP, at 301-594-3384.

3. Written sources of information in the CCPM are:
   a. INSTRUCTION 1, "Extramural Training," Subchapter CC25.2;
   b. INSTRUCTION 2, "Active Duty Obligation (ADO) Subsequent to Extramural Training," Subchapter CC25.2;
   c. INSTRUCTION 3, "Intramural Residency Training Programs," Subchapter CC25.2;
   d. INSTRUCTION 4, "Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP)," Subchapter CC25.2;
   e. INSTRUCTION 5, "Senior Commissioned Officer Student Training and Extern Program (SRCOSTEP)," Subchapter CC25.2; and
   f. INSTRUCTION 1, “Training,” Subchapter CC45.2.

COMMISSIONED CORPS UNIFORM POLICY

Key Concepts

1. Persons Directed to Wear the Uniform
   a. All officers called to active duty for a period of more than 30 days will wear the appropriate uniform of their grade while on duty, in accordance with their OPDIV’s/Program’s uniform policy, except
those officers in an exempted category (as listed in 2. below) or for whom the requirement to wear a uniform has been waived (as prescribed in 3. below). PHS OPDIV Heads, and the Heads of Agencies outside HHS to which commissioned officers are detailed, will make policy within their organizations that prescribes how frequently the uniform is to be worn. These officials are strongly encouraged to adopt policies which require, under regular circumstances, the wearing of the uniform at Congressional hearings. In the absence of such policy that prescribes how frequently the uniform is to be worn, officers shall wear the uniform at least once per week.

b. Officers who are normally required to wear the uniform may be excused from doing so, or may be prohibited from wearing the uniform, for specific occasions of duty away from their normal duty stations, when it is determined that wearing of the uniform would be inappropriate. This authority shall be exercised by the Local Uniform Authorities (see 4. below) and shall not be used to grant any blanket or long-term exemptions from wearing the uniform. When a long-term exemption appears to be appropriate, it must be requested under the waiver provisions in 3. below.

c. An officer is entitled to a one-time uniform allowance when directed to wear the uniform. A memorandum requesting the allowance must contain a statement certifying that wearing of the uniform is required by the officer's OPDIV/Program. The allowance will be included in the officer's next monthly pay. The officer's social security number must be included in the memorandum and the memorandum should be forwarded to:

Division of Commissioned Personnel
ATTN: Compensation Branch
5600 Fishers Lane, Room 4-50
Rockville, MD 20857-0001

2. Exempted Categories

a. Officers in the following categories are not required to wear the uniform:

(1) Commissioned Officer Student Training and Extern Program (COSTEP participants); however, OPDIVs occasionally require COSTEPs to wear the uniform;

(2) Officers in locations other than the United States and the Commonwealth of Puerto Rico are prohibited from wearing the uniform unless specifically directed or authorized to wear the uniform by the Director, DCP;

(3) Officers detailed to the U.S. Coast Guard who are required to wear the Coast Guard uniform with appropriate modifications, as specified in Coast Guard regulations;

(4) Officers detailed to the military services or to the Department of Defense in positions not normally requiring a uniform to be worn; and

(5) Officers on leave-without-pay details to an outside Agency or a training institution not associated with the Uniformed Services.

b. With the exception of officers in categories (1) and (3) above, officers exempt from wearing the
uniform must nonetheless own at least the basic uniform (i.e., the Service Dress Blue) and wear it on those occasions, such as official visits to PHS facilities in the United States, when it would be appropriate. For extended temporary duty that is not exempt from the uniform requirements, these officers may be required to obtain the uniform of the day for the area of temporary duty.

3. **Waivers**

   a. OPDIV Heads and the Heads of Agencies outside HHS to which commissioned officers are detailed, may request waivers of the requirement to wear the uniform for officers in specific assignments. Waivers may be requested for specific individual assignments or for certain types of assignments (such as all details of a particular type). Waivers will be granted by the Surgeon General, or his or her designee, only when it is shown that it is not in the best interest of the Service nor appropriate for the officer to wear the uniform.

   b. Requests for waivers, setting forth all the facts in the case, should be forwarded to the following address:

   Division of Commissioned Personnel/HRS/PSC
   ATTN: Director
   5600 Fishers Lane, Room 4A-15
   Rockville MD 20857-0001

4. **Determination of Appropriate Uniforms**

   a. **Designation of Local Uniform Authorities (LUA).** The Assistant Secretary for Health, OPDIV Heads, and Heads of Agencies outside HHS having commissioned officers, shall designate those officials within their respective organizations who will serve as LUA for areas outside the Washington, D.C. metropolitan area. It is frequently convenient to appoint the senior officer at a given facility. In those cities and geographic areas where two more such Agencies are present, it is appropriate for the LUA from each OPDIV/Program to consult and determine a single directive that applies to all officers in the area.

   b. **Washington, D.C. Metropolitan Area.** The Surgeon General serves as the LUA for Washington, D.C., and the surrounding counties in Maryland and Virginia. OPDIV Heads should notify OSG of any unique requirements that exist within their organizations in the Washington, D.C. metropolitan area. Such notifications should be mailed to the address specified in paragraph 3.b, above. These situations will be evaluated on a case-by-case basis and the appropriate determination issued.

   c. **LUA's Functions.** The LUA shall determine the uniform of the day, optional and working uniforms appropriate for specific times of the year, and uniforms for each of the various types of assignments experienced by officers under the LUA's purview.

5. **Grooming and Appearance.** All officers shall observe PHS grooming and appearance standards, as prescribed in INSTRUCTION 1, "Uniform," Subchapter CC26.3, of the CCPM. The grooming standards apply to all active-duty officers, including those officers not required to wear the uniform.
Help

1. Written sources of information are:
   
a. INSTRUCTION 1, "Uniforms," Subchapter 26.3 of the CCPM; and
b. CCPM Pamphlet No. 61, “Information on Uniforms.”

UNIFORMED SERVICES BENEFITS

Key Concepts

1. Most Federal benefits for active and retired PHS commissioned officers are provided by three sources: PHS, the Department of Veterans Affairs (VA), and the Department of Defense (DoD).

2. Every officer receives a packet of information about benefits, and in some cases, the forms needed to apply for the benefits, when he or she is called to active duty. It is the officer's responsibility to read this material and act according to his or her own interests.

3. There are numerous local governments and private organizations that authorize or provide benefits and services to members of the Uniformed Services and veterans. Certain State and local governments may offer tax advantages and burial entitlement when a veteran resides within the government's area of jurisdiction. The private organizations generally have a membership fee and provide reduced-cost group insurance, lobbying services for legislation favorable to the organization's membership, survivor assistance, and other services designed to help service members, veterans, and their families. Because the benefits and services offered by governments and private organizations are so varied, it would not be appropriate to include them in this guide. An officer may learn about them from local officer organizations or military installations.

4. **VA Benefits.** To be eligible for VA benefits, an officer who came on active duty on or after October 17, 1981, must complete at least 2 years of active duty, or the minimum period of obligated service, whichever is less. If the officer came on active duty prior to October 17, 1981, he or she became eligible for VA benefits after serving 180 consecutive days of active duty.

5. **DoD/Uniformed Services Benefits.** To use benefits available through DoD and Uniformed Services facilities, an officer and his or her dependents must show proof of eligibility with a Uniformed Services identification card. These cards should be issued to the officer and his or her dependents after reporting for duty.

Procedures

1. To prove eligibility for all VA benefits and many offered by local governments and private agencies, an officer must obtain a "Statement of Service" from TAS, DCP. This form is automatically issued to everyone leaving active duty, but may also be requested from DCP while on active duty to prove eligibility for benefits.
2. Since an officer usually must apply for benefits on his or her own initiative, the supervisor is generally not involved in the process. However, a supervisor should have a general understanding of what types of benefits are available, who is responsible for administering the benefit, and where the officer can find additional information. Thus the supervisor's role is to make appropriate referrals.

**Paperwork**

1. When a new officer is appointed and called to active duty, there are several forms related to benefits in the call to active duty packet that must be completed and submitted to DCP. The supervisor should stress the importance of submitting the forms as soon as possible. The forms include:

   a. Form PHS-6273, "Montgomery GI Bill Election and Statement of Understanding," must be completed by the officer and submitted to DCP, even if the officer chooses not to participate in the program. By declining participation at the time of entry, an officer waives all eligibility for educational benefits from VA and cannot elect participation at a later date.

   b. Form SGLV-8286, "Servicemembers' Group Life Insurance Election and Certificate," must be submitted. The policy insures active-duty officers for $200,000 automatically with the option to increase/decrease the amount in $10,000 increments from a maximum of $200,000 to a minimum of $10,000, or decline coverage totally. A fee is deducted monthly from the officer's pay for this insurance.

**Help**

1. General information about benefits can be obtained from PSB, DCP, 301-594-3108 and/or CB, DCP, 301-594-2963.

2. Specific information about VA benefits can be obtained from any local VA office listed in a local telephone directory.

3. Specific information about a DoD facility and the services/privileges available should be obtained from the DoD facility.

4. Written information about VA benefits is contained in:

   a. INSTRUCTION 1, "Servicemembers’ Group Life Insurance and Veterans' Group Life Insurance," Subchapter CC29.4;

   b. INSTRUCTION 3, "Burial in National Cemeteries," Subchapter CC29.5;

   c. INSTRUCTION 6, "Department of Veterans Affairs Dependency and Indemnity Compensation (DIC)," Subchapter CC29.5;

   d. INSTRUCTION 1, "VA Disability Compensation," Subchapter CC29.6;

   e. INSTRUCTION 2, "Department of Veterans Affairs Educational Benefits," Subchapter CC29.6 of the CCPM;
HEALTH CARE ENTITLEMENT

Key Concepts

1. Title 10, Chapter 55, Section 1074, entitles PHS officers to health care from any Military Treatment Facilities (MTF) (all military hospitals and clinics). Presentation of the Uniformed Services Identification Card (ID) allows PHS officers access to these services. They may be supplemented by other resources in accordance with Service policies and procedures. Wearing of the uniform is expected when presenting for care.

2. Health Benefit Limitations. The following services currently have very specific authorization requirements and/or limitations - physical therapy, prosthetic/orthopedic devices, allergy testing, physical examinations, pharmacy services, substance abuse, and psychiatric care, temporal mandibular joint treatment, and experimental care. A Patient Care Coordinator (PCC) must be contacted prior to receiving any of the above at 1-800-368-2777 or 301-594-6330.

3. Health Benefit Restrictions. The following services currently are not entitlement - cosmetic surgery, contact lens, abortions, chiropractic services, acupuncture, sports medicine, eyeglasses from civilian sources, cardiac rehabilitation, and orthodontic services.

4. Usual Sources of Care by Duty Station. If the officer’s duty station zip code or residence zip code lies within the catchment area of an MTF this is his or her primary source of care. If the officer is stationed at an Indian Health Service (IHS) facility which provides health care services to officers, that is his or her source of primary care.

5. Supplementary Sources of Care. In some areas, specialty and inpatient care is limited in MTF and IHS facilities and with PHS contractors. In more remote areas (falling outside the catchment area of an MTF or contractor), these sources of care are totally unavailable. In all cases, care may be supplemented through civilian providers and Department of Veterans Affairs facilities only with prior approval from the Beneficiary Medical Program (BMP) Section of MAB. Only emergency care may be obtained without prior authorization and routine primary care under circumstances as specified in CCPM Pamphlet No. 65, “Information on Health Care Services.” Note: CCPM Pamphlet No. 65 is mandatory reading for all active-duty officers.

6. Information and Authorization. The BMP section of MAB is staffed by Patient Care Coordinators (PCCs) and consultants who are health professionals. They provide health care access information and authorization on health care benefits. They can be reached by calling 1-800-368-2777 or 301-594-6330, 8 a.m. to 4 p.m., Monday - Friday, Eastern Time.

Services are authorized and verified by purchase orders (POs) which commit Federal funds for the services on a contractual basis. Officers are responsible for ensuring that bills and related medical records are submitted to:
7. **Referrals for Civilian Medical Care.** If services are not available at an MTF and the military would authorize civilian care for one of their own officers, an MTF will issue form DD-2161, “Referral for Civilian Medical Care.” In such cases, the officer must call the BMP Section of MAB for authorization and issuance of a PO to obtain services. A contractor will call BMP to recommend outside or civilian care when it is unavailable from that facility. When stationed at an IHS facility which cannot provide dental or specialty medical care, the officer must call the BMP Section of MAB for prior authorization and issuance of a PO. **Only the BMP Section of MAB can authorize care and commit PHS finds for payment of civilian health care bills for officers of the PHS.** Supervisors cannot authorize payment for active-duty Service members.

8. **Emergency Care.** A bona fide medical or dental emergency requires immediate care and, therefore, does not require prior authorization. However, all emergencies must be reported to a PCC as soon as possible but no later than 72 hours after admittance. Data required when calling in emergency service includes:

   a. Officer's name;
   b. Officer's Social Security number;
   c. Date of emergency;
   d. Name of civilian facility and/or physician;
   e. Diagnosis/condition; and
   f. Telephone number and name of physician whom PCC can contact.

9. **Obtaining Care While on Travel.** Officers are expected to utilize an MTF or PHS contractor when travel takes them within the catchment areas of such facilities. When these facilities are not available, officers may obtain prior authorization for services from local civilian providers by calling a PCC.

10. **Obtaining Care Outside of the United States.** When outside the U.S., officers are expected to utilize a Host Country MTF when available. Otherwise, care may be obtained from local sources but must be prepaid by the officer. Reimbursement will be made after receipts are submitted and attached to Standard Form 1034, "Public Voucher for Purchases and Services Other Than Personal." This document will be forwarded in duplicate through the officer's supervisor in the U.S. for review, approval, and conversion of charges from foreign currency to dollars. Approved bills are then forwarded to the BMP Section of MAB for reimbursement. The same procedures apply for officers who are on leave outside the U.S. When officers return to the U.S. on official business or leave, they are expected to arrange for periodic examinations, e.g., annual dental or periodic physical examinations, since routine periodic examinations by civilian providers are not approved outside the U.S.

11. **Travel Incident to Medical Care.** When the BMP Section of MAB directs when and where health care will be given, BMP will repay the OPDIV for travel incident to medical care. Proper travel orders and purchase orders must be pre-approved. See INSTRUCTION 1, "Travel Incident to Medical Care," Subchapter CC24.2 of the CCPM.
12. **Third Party Liability.** If an officer is injured as a result of an action involving a third party, a report must be filed with a PCC by the officer to protect the Government’s interest and permit recovery of any costs due the Government.

13. **Records.** When submitting bills to the BMP Section of MAB for payment, officers are required to submit medical records or request that providers forward copies of medical records associated with the services as prescribed in CCPM Pamphlet No. 65, “Information on Health Care Services.” Medical records are required with all non-routine care including emergency care, specialty evaluations, and inpatient admissions. Failure to provide required medical records will delay payment of bills. Officers are also required to forward to the Medical Evaluations Staff, MAB, DCP, copies of medical records for any major illnesses or injuries paid for by the officer and for which the officer does not plan to seek reimbursement.

14. **Health Care for COSTEP Participant.** Policies and procedures pertaining to medical services for SRCOSTEP participants are the same as for other active-duty officers of the PHS. However, medical and dental care for JRCOSTEP participants is limited. Call a PCC for guidance, 1-800-368-2777.

**Help**

1. **References.** The following resource materials are provided to all active-duty officers upon call to duty:
   a. CCPM Pamphlet No. 65, "Information on Health Care Services"; and

2. **Information Contacts**
   a. **Active-Duty Benefits**
      - Local PHS Health Benefits Advisor or Commissioned Corps Liaison
      - Patient Care Coordinator (PCC), 1-800-368-2777 or 301-594-6425
   b. **Dependent Benefits**
      - Local PHS Health Benefits Advisor
      - Local MTF Health Benefits Advisor
      - PCC
   c. **DEERS**
      - Nearest ID card issuing office
      - PSB, DCP, 301-594-3384
   d. **Medical Examinations and Review Boards**
      - Medical Evaluations Staff, MAB, DCP, 301-594-6330
      - 1-800-368-2777 or 301-594-3297

**DEATH OF A COMMISSIONED OFFICER**

**Key Concepts**

*Important:* Because death in disability retired status usually is financially more favorable for survivors than is death on active duty, the supervisor must notify MAB immediately if an officer has a critical illness.
1. When a supervisor is notified that an officer under his or her authority has died, he or she should contact the Survivor Assistance Officer (SAO), DCP, immediately at 301-594-2963.

2. The supervisor of the deceased officer and program management for the activity to which the deceased was assigned work closely with the SAO to ensure prompt response to the needs of the deceased officer's family.

3. The officer’s program pays, within prescribed limits, for the following survivor benefits and services for a family of a deceased active-duty officer:
   a. Preparation of the remains and their transportation to the place of burial;
   b. Travel expenses and per diem for an escort for the remains;
   c. Burial expenses;
   d. Travel expenses to the place of burial for the deceased's spouse and/or children;
   e. Travel of the deceased's family to a home of selection; and
   f. Shipment of family's household goods and personal effects to the home of selection.

4. The supervisor ensures that the following services are provided to the family by the officer’s activity:
   a. Preparation of all travel orders and vouchers connected with the burial and subsequent relocation of the family;
   b. Designation of an individual to represent the PHS Commissioned Corps at the funeral, if the family requests; and
   c. Arrangements for the shipment of the survivor's household goods to the home of selection.

**Procedures**

1. Notify the SAO in DCP immediately. The SAO will advise the supervisor of what further actions to take.

2. The SAO contacts the family by telephone as soon as possible to extend condolences and briefly inform the family of what benefits and services PHS is able to provide. The SAO also ensures that the death gratuity is paid to the survivors as soon as possible to help defray expenses incurred by the family at that time.

3. The supervisor should ensure that all necessary forms to authorize travel and shipment are prepared and authorized by program personnel who routinely handle expense vouchers for travel and shipping. This must be done in coordination with the family's plans and the guidance of the SAO.

4. When the SAO receives a copy of the death certificate, a personnel order is issued announcing the officer's death.

5. The SAO makes arrangements to notify the Social Security Administration and the Department of Veterans Affairs of the officer's death.

6. A letter is sent to the family by the SAO explaining all benefits and entitlement along with copies of forms that will be needed to claim most benefits.
7. The survivors of the deceased must be issued new Uniformed Services identification and privilege cards (ID cards) to show the change in their status. If there is an ID card issuing official at the local PHS station, the supervisor should direct the survivors to have new cards issued from that station. If there is no local PHS ID card issuing official, the survivors may be directed to the nearest Uniformed Services facility, or may obtain the card by writing to: Division of Commissioned Personnel/HRS/PSC, ATTN: ID Cards/PSB, 5600 Fishers Lane, Room 4-36, Rockville, MD 20857-0001.

Paperwork

1. The supervisor/program support personnel routinely use the forms needed to authorize and pay for travel and miscellaneous expenses.

2. The SAO will provide the family with all forms needed to file PHS benefit claims.

Help

1. Contact the SAO at 301-594-2963 for more information about the procedures followed upon the death of an active-duty officer.

2. Information about the death of an officer, survivor benefits, and burial entitlement are contained in the following CCPM Subchapters:

   a. INSTRUCTION 1, "Death of an Active-Duty Officer: Reporting Procedures, Burial Allowances, and Survivor Entitlements,” Subchapter CC29.5;

   b. INSTRUCTION 2, "Death of a Retired Officer: Reporting Procedures, Burial Allowances, and Survivor Entitlements," Subchapter CC29.5;

   c. INSTRUCTION 3, "Burial in National Cemeteries," Subchapter CC29.5;

   d. INSTRUCTION 4, "Retired Servicemembers’ Family Protection Plan,” Subchapter CC29.5;

   e. INSTRUCTION 5, "Survivor Benefit Plan," Subchapter CC29.5;

   f. INSTRUCTION 6, "Department of Veterans Affairs Dependency and Indemnity Compensation (DIC)," Subchapter CC29.5;

   g. INSTRUCTION 1, “Servicemembers’ Group Life Insurance and Veterans’ Group Life Insurance,” Subchapter CC29.4; and

   h. INSTRUCTION 2, “Death Gratuity,” Subchapter CC22.5.
PAY AND ALLOWANCES

Key Concepts

1. Background - A commissioned corps officer's pay is comprised of two basic parts -- pay and allowances. Pay and allowances are paid by the Compensation Branch (CB), DCP. Basic pay and allowances are paid on the basis of an officer's personnel orders, issued by DCP, which define his or her rank and duty station. Additional pay affecting dependents, special pays, etc., are dependent upon the officer's completing appropriate forms and submitting the required information. Requests for special pays must be submitted through OPDIV administrative channels for approval. Information regarding other pay is sent directly to CB, including periodic updates as requested. An officer should also contact CB, DCP, directly regarding any questions or problems concerning pay and allowances at:

Division of Commissioned Personnel/HRS/PSC
ATTN: Compensation Branch
5600 Fishers Lane, 4-50
Rockville, MD 20857-0001
Phone: 301-594-2963

2. Pay

a. Basic Pay (BP) is considered to be the officer's actual salary. It is subject to Federal income tax and, where applicable, State and county (in some locations) income tax. The rate of basic pay received is based on the officer's temporary grade and by the Base Pay Entry Date (BPED) printed on the officer's call to active duty personnel order.

b. Special Pays are paid to several professional disciplines in the PHS Commissioned Corps based on the category. Special pays are taxable income and are paid in the normal monthly paycheck.

(1) Variable Special Pay (VSP) is authorized monthly to physicians and dentists based on their rank and their years of creditable service. Creditable service entry date (CSED) reflects both the officer's years of active duty as a medical or dental officer in any of the Uniformed Services and the years the officer spent participating in an accredited medical or dental internship or residency training while not on active duty in a Uniformed Service. The amount ranges from $1,200 to $12,000 per year for physicians and from $3,000 to $12,000 per year for dentists.

(2) Board Certified Pay (BCP) is authorized monthly to physicians and dentists who are board certified. The amount is dependent on the officer's CSED and rank, and ranges from $2,500 to $6,000 for physicians and $2,500 to $6,000 for dentists. The physician or dentist must present either a copy of his or her board certification or a congratulatory letter from his or her certifying board informing the officer of having successfully completed the examination. No payment will be made without proof of board certification in the officer's official personnel folder (OPF).

(3) Non-physician Board Certified Pay (NBCP) includes the following specialties: dietetics, occupational therapy, optometry, pharmacy, physical therapy, podiatry, psychology, social work, nurse anesthetist, nurse practitioner, nurse midwife, audiology/speech pathology, and physician assistant. Eligibility requirements include that the recipient:
A Supervisor’s Guide to the Commissioned Personnel System, 1999

(a) be a health care provider in a specialty that is authorized to receive NCBP;
(b) have a post-baccalaureate degree in his or her clinical specialty;
(c) be certified by a professional board in his or her clinical specialty; and
(d) meet the applicable criteria recognized by specialty boards.

c. Retention Special Pay (RSP) is a lump sum bonus of $15,000 payable on an annual basis to medical officers who are eligible for and wish to participate in the RSP program. The medical officer must complete the RSP contract in the call to active duty packet and submit it immediately. Failure by the officer to have the RSP contract signed and notarized within 30 days of his or her call to active duty and returned to DCP within 60 days of the call to active duty could result in a financial loss to the officer. Payment of RSP cannot be made until the notarized contract is received and approved. The period of obligated service incurred by the RSP contract coincides with the officer’s planned tour of duty. If there is no RSP contract in the officer’s call to active duty packet, contact 301-594-2963 immediately. Submit this contract in accordance with the instructions attached to it. The rate of Federal withholding on the RSP payment is 28 percent.

d. Multiyear Retention Bonus (MRB) for medical officers is authorized as a lump sum bonus payable on an annual basis. The rates range from $2,000 to $14,000 per annum depending on the medical specialty and the length of the contract. In order to be considered for this pay, medical officers must be receiving RSP, be fully trained in a recognized medical specialty, and be clinically active. Officers may enter into MRB contracts in addition to RSP. MRB for dental officers was authorized for one dental specialty, oral-maxillofacial surgery. Other specialties may be added and if such is the case, dental officers will be notified. The rate of Federal withholding on the MRB payment is 28 percent.

e. Incentive Special Pay (ISP) for medical officers is authorized as a lump sum bonus payable on an annual basis. The rates range from $9,000 to $36,000 per year depending on specialty. The contract is for 1 year. Officers may have ISP in addition to RSP and MRB. When there are multiple contracts, the effective dates of the contracts must be concurrent. In the case of ISP combined with MRB, the rate of ISP is fixed for the duration of the MRB contract. The rate of Federal withholding on the ISP payment is 28 percent.

f. Additional Special Pay (ASP) is a special pay for dental officers who sign a contract to remain on active duty for 1 year. The payment is a lump sum that ranges between $4,000 and $15,000 per year. The rate of Federal tax withholding on the ASP payment is 28 percent.

g. Nurse Special Pay (NSP) - Nurse Anesthetist is a lump sum payment of $6,000 or $15,000 depending on the officer’s training obligation to the Service. The eligible officer must contract to remain on extended active duty for 1 year or more. The rate of Federal withholding on the NSP payment is 28 percent.

h. Category Special Pays (CPS) currently provide for special pay for optometry officers (a subcategory within the Health Services category) and veterinary officers. Officers in these two disciplines are entitled to a monthly special pay at the rate of $100 per month for each month of active duty for a period of at least 1 year. The rate of Federal withholding on the CSP payment is 28 percent.
i. **Accession Bonus**

(1) **Nurse** – is a one-time lump-sum payment of $5,000 for eligible nurse officers called to active duty who contract with HHS to serve on extended active duty for a minimum of 4 years. A notarized contract must be submitted within 60 days of the officer’s call to active duty. The rate of Federal withholding on the payment is 28 percent.

(2) **Dental** – is a one-time lump-sum payment of $30,000 for eligible dental officers called to active duty who contract with HHS to serve on extended active duty for a minimum of 4 years. A notarized contract must be submitted within 60 days of the officer’s call to active duty. The rate of Federal withholding on the payment is 28 percent.

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**EXHIBIT A**

**SPECIAL PAYS**

### A. Variable Special Pay Paid Monthly - Physicians (effective November 5, 1990)

<table>
<thead>
<tr>
<th>GRADE OR STATUS</th>
<th>YEARS OF CREDIBLE SERVICE</th>
<th>MONTHLY AMOUNT</th>
<th>ANNUAL AMOUNT</th>
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<td>Interns</td>
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B. Variable Special Pay Paid Monthly - Dentists (effective November 18, 1997)

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C. Board Certified Pay Paid Monthly - Physicians and Dentists (effective November 18, 1997)

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<tr>
<th>GRADE OR STATUS</th>
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<th>ANNUAL AMOUNT</th>
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D. Board Certified Pay Paid Monthly - Non-physicians (effective October 1, 1996)

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<th>YEARS OF CREDIBLE SERVICE</th>
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<td>At least 14 but less than 18 years</td>
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<td>More than 18 years</td>
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E. Additional Special Pay - Dentists (effective November 18, 1997)

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<th>GRADE OR STATUS</th>
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<td>O1-O9</td>
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</tr>
</tbody>
</table>

3. Allowances

a. **Basic Allowance for Subsistence (BAS)** is a non-taxable allowance paid to all active-duty officers. The rate of this allowance is the same for all officers regardless of their grade or years of service. No action needs to be taken by the officer to receive this allowance.

b. **Basic Allowance for Housing (BAH)** is a non-taxable allowance. The rate an officer receives depends on whether or not the officer occupies Government quarters, the officer's grade, duty station, and whether the officer has dependents. The officer must submit only one of the following forms:

   (1) Form PHS-2977, "Quarters Allowance Certificate," should be completed and submitted only by officers who have no dependents.

   (2) Form PHS-1637-1, "Public Health Service Commissioned Officer's Request for Dependency Determination," should be completed by officers to claim a spouse and/or children as dependents. With respect to a member of a Uniformed Service, dependent means:

   (a) Spouse, providing he or she is not a member of a Uniformed Service on active duty;

   (b) Unmarried child, including any of the following categories of children if such child is in fact dependent on the member: a natural child; a stepchild; an adopted child; or an illegitimate child whose alleged member-father has been judicially decreed to be the father of the child or judicially ordered to contribute to the child's support, or whose parentage has been admitted in writing by the member who either:

       • Is under 21 years of age;
       • Is incapable of self support because of a mental or physical incapacity, and in fact relies on the member for over one-half of dependent's support; or
       • Is a full-time student over age 21, but under 23.

   c. If the officer completes form PHS-1637-1 and lists only children and no spouse, the officer must identify on the reverse of the form why a spouse is not listed. Also, the officer must provide additional documentation as follows:

       (1) If divorced, a copy of the divorce decree to substantiate that the officer either has legal custody of the children listed on the certificate, or that the officer is required to pay child support that is at least equal to the difference between the with-dependent and the without-dependent rate of Basic Allowance for Housing;
(2) If never married, a copy of the children's birth certificates, and statement to the effect that the officer provides full financial support for the children; or

(3) If the children are adopted, a copy of the adoption papers.

d. Form PHS-1637-2, "Parent’s/Parent-in-Law’s Statement," and form PHS-1637-3, "Parent's Dependency Affidavit," should be used by an officer to claim a dependent parent. With respect to a member of a Uniformed Service, a dependent parent means the following:

(1) A parent, including a stepparent or parent by adoption, and any person, including a former stepparent, who has stood in loco parentis (in the place of a parent) to the member at any time for a continuous period of at least 5 years before reaching 21 years of age, who, in fact, relies on the member for over one-half of dependent's support; however, the dependency of such a parent is determined on the basis of an affidavit submitted by the parent and any other evidence required under regulations;

(2) The relationship between a stepparent and stepchild is terminated by the stepparent's divorce from the parent by blood.

e. An officer who does not submit either one of these forms will be paid at the "without dependent" rate, and will be notified that he or she must submit one of the above forms to certify his or her status. If CB does not receive a certification within 60 days after the call to active duty, quarters allowance may be stopped until the CB receives the proper documents. When certification is received, retroactive adjustments will be made.

4. Deductions

a. Servicemembers’ Group Life Insurance (SGLI) fees will automatically be deducted to insure the officer for $200,000 term life insurance unless the officer prefers a greater or lesser amount or does not want to be insured. To decline the insurance, the officer must submit form SGLV-8286, “Servicemembers’ Group Life Insurance Election and Certificate,” on or before his or her first day of active duty. For officers who do not decline, $16.00 will be deducted from their first pay check. The monthly deduction is as follows:

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<thead>
<tr>
<th>Coverage and Cost (Monthly)</th>
<th>(effective July 1, 1998)</th>
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<tr>
<td>$110,000</td>
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</table>
b. Veterans Educational Assistance Program (VEAP) is explained in the officer's call to active duty packet. If the officer elects to participate in this program, he or she must complete form PHS-6273, “Montgomery GI Bill Election and Statement of Understanding,” and forward it to the Personnel Services Branch, DCP.

c. State Income Taxes

(1) The Soldiers' and Sailors' Civil Relief Act insures that an officer pay State income tax only to the State of his or her legal domicile. The officer must complete the Department of Defense form DD 2058, “State of Legal Residence Certificate,” and declare his or her legal domicile. If that State taxes income, the officer must also submit a State tax withholding form. If an officer is unable to obtain the State tax withholding form, the officer should complete a second copy of the W-4, "Employed Withholding Allowance Certificate," and clearly mark it as State tax withholding and name the State on the form.

(2) Some States have provisions under which members of the Service do not have to pay State income tax. It is the officer's responsibility to see if he or she is included under those provisions. If an officer claims to be exempt from withholding of State income tax, he or she should indicate it on the withholding form or by separate memorandum. The officer must sign this memorandum or form and enclose it with form DD 2058, “State of Legal Residence Certificate.” If the officer has declared as his or her legal domicile a State that has no income tax, the officer need not submit a State tax withholding form. If challenged by a State to prove a claim of legal domicile, and/or withholding exemption, the officer will be solely responsible for providing evidence to substantiate his or her claim. Failure to submit form DD 2058 and a State tax withholding form will result in accumulating a State-taxable wage based on the officer's home of record until such time that the documentation is received in CB, DCP.

d. Federal Income Tax is withheld based on form W-4. Officers may update or change the amount of withholding by submitting a new form as necessary. Federal taxes are withheld at a rate of 28 percent on the special pays that are paid in one lump sum annually. A procedure to estimate amount of Federal tax to be withheld is available from CB along with a current pay chart.

e. Federal Insurance Contributions Act (FICA) deductions are applicable on the base pay only. Calendar year 1999 rates are 7.65 percent on a maximum base of $72,600 and 1.45 percent over $72,600.

5. Designation of Address

The PHS commissioned corps payroll system allows an officer to receive his or her payroll documents at an address of his or her choice. This method protects the officer’s privacy and provides for prompt, reliable, and secure delivery of important and confidential payroll documents.

An officer must designate a single address for receipt of payroll documents. It should be the same address used to receive other types of mail. Experience has shown that officers who use their duty organization address as the address to receive their earning statement and other payroll documents usually do not receive these documents as soon as those who do not.
A Supervisor’s Guide to the Commissioned Personnel System, 1999

Using the format in Exhibit C, the officer should provide CB, DCP, with the address at which he or she wants to receive mail.

6. Electronic Transfer of Funds

All pay and allowances are paid by Electronic Transfer of Funds (EFT). Officers must complete form SF-1199-A, “Direct Deposit Sign-up Form,” to establish the account to which pay and allowances will be deposited on a monthly basis. If CB does not receive a completed form SF-1199A, pay will be held until direct deposit is established.

7. Statement of Earnings

Each month a statement of earnings will be received at approximately the same time pay is directly deposited. Each portion of pay, all allotments, deductions, and withholdings will be itemized to show the current rates and the cumulative yearly total. Every officer should check to ensure that he or she is receiving all allowances and other pays to which he or she is entitled, that all necessary tax and other deductions are made, and that all allotments are correct. The officer is responsible for knowing the correct figures, and should not rely on timekeepers or administrative personnel to pick up errors that might occur.

8. U.S. Savings Bonds

Many officers find that purchasing U.S. Savings Bonds from their salary is a convenient and reliable way to systematically save money. The call to active duty packet contains form SBD-2003, "Authorization for Purchase and Request for Change, U.S. Series EE Savings Bonds," which allows an allotment to be withheld from an officer's salary toward the purchase of savings bonds. The EE series bonds are purchased for half their face value and may not be cashed for 6 months from the date of issue.

9. Changes

a. New Address. Designations must be made by the officer. If an officer changes assignments, his or her payroll documents will not automatically be sent to the new station. He or she must notify CB in writing of the new address. Any address changes received by the middle of the month will be processed in the current payroll cycle. Since officer's salary checks are directly deposited, officers should keep their old account until their salary check is actually received by the new bank account. This will insure that any changes have been received and processed. An example of a change of address memorandum is provided in Exhibit C.
Example of a Change of Address Memo

TO: Division of Commissioned Personnel/HRS/PSC
ATTN: Compensation Branch
5600 Fishers Lane, Room 4-50
Rockville, MD 20857-0001

FROM: Name
Social Security Number

SUBJECT: Payroll Address Designation
I am requesting that you establish/change my mailing address to read as follows:

Street Address Line 1: 
Street Address Line 2: 
City: 
State: 
Zip Code: 

My work phone number is (include area code): ______ - ______ - ______

(Provide Signature) (Date)

Note: The street address is limited to 30 characters including spaces.

b. All other payroll changes needed by an officer to correct an error in his or her pay or to change an allotment or deduction must be made through CB. Again, if forms are received by the middle of the month, the change will usually be effective that month.

10. Payday

Commissioned officers are paid once a month and payday is the 1st day of the month. When the first day of the month falls on a Saturday, Sunday, or a legal holiday, payment is authorized on the preceding workday, but not more than 3 days before the 1st day of the month. Payday for the month of December is the last workday in December.

11. For Future Reference

A PHS commissioned officer should maintain copies of all documents, forms, contracts, and other materials. Keeping a complete and accurate set of personnel/payroll records will greatly reduce the problems encountered by officers, and will provide all the information needed to facilitate the resolution of problems.
A Supervisor’s Guide to the Commissioned Personnel System, 1999

Help

1. Contact CB, DCP, at 301-594-2963 when you have questions about pay issues.
2. Chapter 22, “Pay and Allowance Administration,” of the CCPM.

REFERENCE MATERIALS

You should have access to the reference materials listed below through the DCP web site <http://dcp.psc.gov>, your administrative office, or your OPDIV’s Commissioned Corps Liaison.

1. Commissioned Corps Personnel Manual (CCPM) - Regulations, policy, and procedures for the commissioned personnel system are contained in the CCPM, which is frequently referred to in this text. The CCPM covers all aspects of the personnel system. It is the single, written source of comprehensive information about the PHS Commissioned Corps.

2. Informational Pamphlets - DCP publishes a series of pamphlets that provide summary information about special topics or circumstances. They are based on the CCPM but are not as formal or detailed. Each gives an overview of the topic with references to sources of more detailed information. They are:

   a. "Commissioned Officer Roster and Promotion Seniority" (CCPM Pamphlet No. 1) - This pamphlet reflects the status of officers serving on extended active duty as of October 1 of each year.

   b. "Information on Shipment of Household Goods" (CCPM Pamphlet No. 11) - This pamphlet provides information on procedures and officers' responsibilities incident to the packing, storage, and transportation of household goods in connection with calls to active duty, transfer, temporary duty travel, separation, and retirements.

   c. Poster: "Decorations, Awards, and Insignias of the PHS, NOAA, and EPA" (CCPM Pamphlet No. 12) - This poster shows the awards and their names for each of the programs.

   d. "Information on Commissioned Officers Retirement" (CCPM Pamphlet No. 24) - This pamphlet is sent to each officer who has requested retirement. It contains information about procedures to follow to effect retirement, retired pay, benefits, entitlement, and survivor assistance.

   e. "Information on Separation of Commissioned Officers" (CCPM Pamphlet No. 32) - Procedures and information an officer needs when leaving active duty are contained in this pamphlet. It is not meant for officers who are retiring. To be most useful, the pamphlet should be read by the officer at least 60 to 90 days before his or her separation, since many actions must be taken well in advance of the separation date. A separation packet is available from TAS, DCP, at 301-594-3544.

   f. "Disability Evaluation Manual for the Commissioned Corps of the PHS" (CCPM Pamphlet No. 47) - This pamphlet is designed to help PHS medical officials evaluate an officer's medical status to determine whether the officer is disabled in any capacity. It is not of routine use to a supervisor. If you have an officer under your jurisdiction who is suspected of being disabled in some way, you should contact MAB, DCP, at 301-594-6330.
g. "Information on Temporary Duty Travel" (CCPM Pamphlet No. 51) - In this publication, the travel entitlement, allowances, and procedures for temporary duty are explained.

h. "Information on Overseas Duty" (CCPM Pamphlet No. 56) - Any officer assigned to a duty station outside the U.S. will receive this pamphlet when he or she is issued a personnel order assigning him or her overseas.

i. "Information on Uniforms" (CCPM Pamphlet No. 61) - Contains uniform descriptions and protocol.

j. "Commissioned Officer's Handbook" (CCPM Pamphlet No. 62) - Each officer receives this handbook upon his or her call to active duty. This manual describes the Corps, pay and allowances, benefits, entitlement, career development, award programs, and DCP organization. It is a general introduction for the officer to the personnel system.

k. "Information on Survivors Benefits" - (CCPM Pamphlet No. 63) - Benefits available to survivors of PHS Commissioned Corps officers.

l. "Information on Junior Commissioned Officer and Student Training and Extern Program (JRCOSTEP)" - (CCPM Pamphlet No. 64) - Provides JRCOSTEP officers with information concerning the PHS Commissioned Corps.

m. "Information on Health Care Services" (CCPM Pamphlet No. 65) - This is a health care services guide for active-duty commissioned officers of PHS and the National Oceanic and Atmospheric Administration.

n. "Public Health Service Commissioned Corps" (CCPM Pamphlet No. 66) - This pamphlet describes the Corps and is used primarily as a recruitment brochure.

o. "Public Health Service Commissioned Corps Awards" (CCPM Pamphlet No. 67) - Discusses the commissioned officers' recognition program.

p. "Information on Absence and Leave" (CCPM Pamphlet No. 68) - This pamphlet is a guide for PHS commissioned officers, supervisors, program managers, leave-granting authorities, and leave maintenance clerks.
List 1. COMMISSIONED CORPS LIAISONS

May 1999

AHCPR
CAPT Bruce Immerman
Human Resources Mgmt. Staff/AHCPR
2101 East Jefferson Street, Suite 601
Rockville, MD 20852
Phone: 301-594-7176
Fax: 301-443-8602
Email: BImmerma@AHCPR.GOV

ATSDR/CDC
CAPT Austin Hayes
CDC Commissioned Corps Section/MS K-15
4770 Buford Highway,
Atlanta, GA 30341-3724
Phone: 770-488-1898
Fax: 770-488-1943
Email: aeh4@cdc.gov

FDA
Commissioned Corps Liaison
OHRMS/FDA (HFA-407)
5600 Fishers Lane, Room 7B-44
Rockville, MD 20857-0001
Phone: 301-827-4070
Fax: 301-594-0694

HRSA
Commissioned Corps Liaison
Commissioned Corps Section/HRSA
5600 Fishers Lane, Room 14-29
Rockville, MD 20857-0001
Phone: 301-443-2741
Fax: 301-594-6599

IHS
Commissioned Corps Liaison
IHS/Room 4B-44
5600 Fishers Lane
Rockville, MD 20857-0001
Phone: 301-443-3464
Fax: 301-443-5304

NIH
Mr. Elton Croy
NIH, Suite 100
6120 Executive Boulevard
Rockville, MD 20852
Phone: 301-496-1443
Fax: 301-402-6139
Email: Croy@od.nih.gov

PSC/OS
Ms. Carolyn Bowman
PSC/HRS Personnel Operations
5600 Fishers Lane, Room 17-38
Rockville, MD 20857-0001
Phone: 301-594-3541
Fax: 301-443-2641
Email: cbowman@psc.gov

SAMHSA
Ms. Ardi Martin
Division of Personnel Management/SAMSHA
5600 Fishers Lane, Room 14C-14
Rockville, MD 20857-0001
Phone: 301-443-9803
Fax: 301-443-5866
Email: AMartin@SAMHSA.GOV

BOP
CAPT Daniel L. Pinson
Health Services Division/BOP
320 First Street, NW, Room 1031
Washington, DC 20534
Telephone: 202-307-2867 x127
Fax: 202-616-2097
Email: dpinson@bop.gov

EPA
Ms. Esther DeLauder
EPA, Mail Code 3641, Room 3711
401 M Street, SW
Washington, DC 20460
Phone: 202-260-3340
Fax: 202-260-0523
Email: DeLauder.esther@epamail.epa.gov
HCFA
Ms. Kay Freas
HCFA/Mail Stop C2/09/27
7500 Security Boulevard
Baltimore, MD 21244-1850
Phone: 410-786-5554
Fax: 410-786-9580
Email: KFreas@HCFA.GOV

NOAA
CAPT Thomas G. Fahres
NOAA/Mail Stop NCx1, Room 12858
1315 East West Highway
Silver Spring, MD 20910
Phone: 301-713-3440 x186
Fax: 301-713-2887
Email: tom.FAHRES@NOAA.GOV

DC Commission on Mental Health
CAPT Jeannette Wick
St. Elizabeths Hospital
Pharmacy R-Building
2700 Martin Luther King Jr. Avenue, SE
Washington, DC 20032
Phone: 202-373-7208
Fax: 202-373-6349
Email: swickrph@aol.com

U.S. Coast Guard
CAPT Robert (Skip) Miller
U.S. Coast Guard HQ
G-WKH-2, Room 5314
2100 Second Street, SW
Washington, DC 20593-0001
Phone: 202-267-0805
Fax: 202-267-4685
Email: RMiller@cmdt.uscg.mil

U.S. Marshals Service
CAPT Marcia J. Withiam-Wilson
U.S. Marshals Service
Crystal Square 3, Room 200
600 Army Navy Drive
Arlington, VA 22202
Phone: 703-416-8926
Fax: 703-603-9516
Email: mwithiamwilson@hotmail.com
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List 2. ACRONYMS

Many unfamiliar acronyms and phrases are frequently used when speaking or writing about the commissioned personnel system.

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<th>Description</th>
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</thead>
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<tr>
<td>AHCPR</td>
<td>Agency for Health Care Policy and Research</td>
</tr>
<tr>
<td>APPLES Survey</td>
<td>Assignment Preferences Proficiency in Languages, Education, and Skills Survey</td>
</tr>
<tr>
<td>ASG</td>
<td>Assistant Surgeon General. This is a flag rank position comparable to a Navy Rear Admiral.</td>
</tr>
<tr>
<td>ASH</td>
<td>Assistant Secretary for Health</td>
</tr>
<tr>
<td>ATSDR</td>
<td>Agency for Toxic Substances and Disease Registry</td>
</tr>
<tr>
<td>AWOL</td>
<td>Absence Without Authorized Leave</td>
</tr>
<tr>
<td>BAH</td>
<td>Basic Allowance for Housing</td>
</tr>
<tr>
<td>BAS</td>
<td>Basic Allowance for Subsistence</td>
</tr>
<tr>
<td>BCP</td>
<td>Board Certified Pay</td>
</tr>
<tr>
<td>BMP</td>
<td>Beneficiary Medical Programs Section, MAB, DCP</td>
</tr>
<tr>
<td>BOP</td>
<td>Bureau of Prisons</td>
</tr>
<tr>
<td>BP</td>
<td>Basic Pay</td>
</tr>
<tr>
<td>BPED</td>
<td>Base Pay Entry Date</td>
</tr>
<tr>
<td>CAD</td>
<td>Call to Active Duty</td>
</tr>
<tr>
<td>CB</td>
<td>Compensation Branch, DCP</td>
</tr>
<tr>
<td>CCPM</td>
<td>Commissioned Corps Personnel Manual</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>CG</td>
<td>Coast Guard</td>
</tr>
<tr>
<td>COER</td>
<td>Commissioned Officers' Effectiveness Report</td>
</tr>
<tr>
<td>CONUS</td>
<td>Continental United States</td>
</tr>
<tr>
<td>COSTEP</td>
<td>Commissioned Officer Student Training and Extern Program</td>
</tr>
<tr>
<td>CPO</td>
<td>Chief Professional Officer</td>
</tr>
<tr>
<td>CSED</td>
<td>Creditable Service Entry Date</td>
</tr>
<tr>
<td>DCP</td>
<td>Division of Commissioned Personnel</td>
</tr>
<tr>
<td>DMAT</td>
<td>Disaster Medical Assistance Team</td>
</tr>
<tr>
<td>DSG</td>
<td>Deputy Surgeon General</td>
</tr>
<tr>
<td>EOD</td>
<td>Entrance on Duty</td>
</tr>
<tr>
<td>EPA</td>
<td>Environmental Protection Agency</td>
</tr>
<tr>
<td>FDA</td>
<td>Food and Drug Administration</td>
</tr>
<tr>
<td>FICA</td>
<td>Federal Insurance Contributions Act</td>
</tr>
<tr>
<td>HCFA</td>
<td>Health Care Financing Administration</td>
</tr>
<tr>
<td>HHS</td>
<td>Department of Health and Human Services</td>
</tr>
<tr>
<td>HRSA</td>
<td>Health Resources and Services Administration</td>
</tr>
<tr>
<td>HSO</td>
<td>Health Services Officer</td>
</tr>
<tr>
<td>HRS</td>
<td>Human Resources Service</td>
</tr>
</tbody>
</table>
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IHS  Indian Health Service
IRC/IRP  Inactive Reserve Corps/Inactive Reserve Program
ISP  Incentive Special Pay

JFTR  Joint Federal Travel Regulations
JRCOSTEP  Junior Commissioned Officer Student Training and Extern Program

MAB  Medical Affairs Branch, DCP
MTF  Military Treatment Facility

New GI Bill  The Department of Veterans Affairs educational benefit program available to officers originally called to active duty July 1, 1985, or later.

NIH  National Institutes of Health

ODB  Officer Development Branch, DCP
OIS  Officer Information Summary
OPF  Official Personnel Folder
OSG  Office of the Surgeon General

PAC  Professional Advisory Committee
PCS  Permanent Change of Station
PDS  Permanent Duty Station
PHS  Public Health Service (or the Service)
PO  Personnel Orders
PSB  Personnel Services Branch, DCP
PSC  Program Support Center

RCD  Retirement Credit Date
ROG  Research Officer Group
RSP  Retention Special Pay

SAMHSA  Substance Abuse and Mental Health Services Administration
SAO  Survivor Assistance Officer
SBP  Survivor Benefit Plan
SG  Surgeon General
SGLI  Servicemembers' Group Life Insurance
SSAN or SSN  Social Security Account Number
SRCOSTEP  Senior Commissioned Officer Student Training and Extern Program

TAS  Transactions and Applications Section, PSB, DCP
TDY  Temporary Duty
TED or T&E  Training and Experience Date

VA  Department of Veterans Affairs
VAATS  Vacancy Announcement And Tracking System
VEAP  Veterans' Educational Assistance Program
VGLI  Veterans' Group Life Insurance
List 3. FREQUENTLY USED FORMS

The following are used for personnel or payroll matters.

**PERSONNEL-RELATED FORMS:**

<table>
<thead>
<tr>
<th>Form Number</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHS-1</td>
<td>Travel Order</td>
</tr>
<tr>
<td>HHS-350</td>
<td>Training Nomination and Authorization: Use this form to apply for short-term training.</td>
</tr>
<tr>
<td>HHS-473</td>
<td>Confidential Statement of Employment and Financial Interests</td>
</tr>
<tr>
<td>HHS-520</td>
<td>Request for Outside Activity</td>
</tr>
<tr>
<td>PHS-31</td>
<td>PHS Commissioned Corps Officer’s Leave Record</td>
</tr>
<tr>
<td>PHS-50</td>
<td>Application for Appointment as a Commissioned Officer in the USPHS Commissioned Corps</td>
</tr>
<tr>
<td>PHS-838</td>
<td>Commissioned Officers' Effectiveness Report (COER)</td>
</tr>
<tr>
<td>PHS-1122-1</td>
<td>Application for Training for PHS Commissioned Personnel: Use this form to apply for long-term training. Form HHS-350 is used for short-term training.</td>
</tr>
<tr>
<td>PHS-1345</td>
<td>Request and Authority for Leave of Absence (Commissioned Officers)</td>
</tr>
<tr>
<td>PHS-1373</td>
<td>Separation of Commissioned Officer: Use this form to start separation from active duty, which includes termination, inactivation, and retirement.</td>
</tr>
<tr>
<td>PHS-1662</td>
<td>Request for Personnel Action - Commissioned Officer</td>
</tr>
<tr>
<td>PHS-1866-1</td>
<td>Commissioned Officers ID Card (Active-Duty Officer): This form is issued as the PHS identification card to prove an officer's active-duty status and verify eligibility for benefits.</td>
</tr>
<tr>
<td>PHS-1866-2</td>
<td>Commissioned Officers ID Card (Inactive Reserve): The card plus a copy of personnel orders calling an officer to active-duty will verify eligibility for benefits.</td>
</tr>
<tr>
<td>PHS-1867</td>
<td>Statement of Service - Verification of Status of Commissioned Officers of the U.S. Public Health Service: This form was issued as proof of service on active duty as a PHS commissioned officer. It has been replaced by a computer-generated PHS statement form which is issued to active-duty officers.</td>
</tr>
<tr>
<td>PHS-2988</td>
<td>Voucher for Reimbursement for Travel (Dependants of PHS Commissioned</td>
</tr>
</tbody>
</table>

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Officers): This form is issued to apply for payment for travel performed by an officer's dependents in conjunction with an authorized permanent change of station.

PHS-4013-1 Application for Shipment of Household Goods: This form is used to arrange for shipping household goods upon a permanent change of station.

PHS-4392 Billet Description: This form is completed by a supervisor or administrative officer to describe the duties of a position.

PHS-5141 PHS Commissioned Corps Appointment Affidavit: This form contains the oath of office, affidavit as to service, affidavit as to striking, and affidavit as to purchase and sale of office.

PHS-6190 Application for Correction of PHS Commissioned Corps Personnel Record: This form starts the process of correcting a material error in information maintained in an officer's personnel file when there is no other avenue for redress.

PAYROLL FORMS

PHS-1637-1 PHS Commissioned Officer's Request for Dependency Determination - Spouse and/or Child: This form is used to establish an officer's eligibility for quarters allowance at the "with dependents" rate.

PHS-1637-2 Parent's/Parent-in-Law’s Statement: This form is completed by an officer's parent(s) when the officer is claiming him/her/them as dependents for the purposes of establishing entitlement to quarters allowance.

PHS-2874 Notice of Arrival--Commissioned Officers: This form must be submitted by the officer immediately upon arrival at a new duty station to verify the rate of Basic Allowance for Housing that should be paid.

PHS-2977 Quarters Allowance Certificate -- PHS Commissioned Officer Without Dependents: This form is used to apply for quarters allowance when the officer has no dependents.

PHS-6155 Statement of Earnings and Deductions: This form is sent to officers each month.

PHS-6173 Application for Allotment of Pay: This form is used to initiate payments to be sent to a financial institution or insurance company every month.

PHS-6180 Request for Advance of Basic Pay: This form is used to initiate an advance of basic pay in connection with a permanent change of station or temporary duty station.

W-4 Employee's Withholding Allowance Certificate
STANDARD FORMS

SF-278 Executive Personnel Financial Disclosure Report

SF-1012 Travel Voucher: This form is used to claim travel expenses and per diem when in an authorized travel or temporary duty status.

SBD-2003 Authorization for Purchase and Request for Change - U.S. Series EE Savings Bonds

SF-1199A Direct Deposit Sign-up Form: This form is used to have total net pay deposited in a financial institution every month and to start, change, or stop a monthly savings allotment.

DEPARTMENT OF DEFENSE FORMS

DD-2 Retired Uniformed Service Identification Card: This form is issued to all retired officers at the time of retirement.

DD-214 Statement of Service: This form shows any prior military service.

DD-1172 Application for Uniformed Services Identification Card - DEERS Enrollment: Spouse and children apply for identification cards using this form.

DD-1173 Uniformed Services Identification and Privilege Card

DD-2058 State of Legal Residence Certificate: This form is used to declare the State that is considered the officer's legal domicile and the State to which the officer will pay State income tax.

DD-2494 TRICARE - Active Duty Family Member Dental Plan (FMDP) Enrollment Election

DEPARTMENT OF VETERANS AFFAIRS FORM

SGLV-8286 Servicemembers’ Group Life Insurance Election and Certificate
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