

# **A Supervisor's Guide to the Commissioned Corps Personnel System**



## Preface

The purpose of this pamphlet is to serve as a resource for personnel who supervise and manage Public Health Service (PHS) officers and to provide an overview of the United States Public Health Service (USPHS) Commissioned Corps' history, mission, and structure. However, anyone who offers guidance to PHS officers over the course of their careers (e.g., Chief Professional Officers (CPOs), Commissioned Corps Liaisons (LNOs), mentors) will find this pamphlet useful.

CCPM Pamphlet No. 58 references the practices, policies, regulations, and laws that pertain to PHS officers' personnel management; however, it is not a policy, nor does it have the force of law. Rather, it is a summary of current USPHS Commissioned Corps policies and guidance as found on the Commissioned Corps Management Information System (CCMIS). Therefore, if there is a discrepancy between this document and any official USPHS Commissioned Corps policy, the official policy shall in all cases prevail. Also, this is a working document and will be updated periodically to reflect policy changes and updates.

To find specific policies pertaining to USPHS Commissioned Corps personnel and management, you may visit the [CCMIS](#) website. For additional guidance, you may contact the Commissioned Corps Helpdesk at: [CCHelpDesk@hhs.gov](mailto:CCHelpDesk@hhs.gov).

<b>Table of Contents</b>	<b>Page</b>
Introduction	4
History of the USPHS Commissioned Corps	4
Mission, Values, and Function of the USPHS Commissioned Corps	4
USPHS Commissioned Corps Conditions of Service	5
USPHS Commissioned Corps Headquarters (CCHQ) Organization and Function	7
CCHQ Organizational Chart	9
Personnel Resources	9
HHS OPDIVs/STAFFDIVs & non-HHS Organizations	11
Designation of USPHS Grades with Equivalent Navy Grades (Table A)	13
USPHS Commissioned Corps Promotion Categories Groups & Specialties	13
Promotion Category Groups, Professional Categories & Specialties (Table B)	14
Call to Active Duty (CAD) & Initial Entry	14
Position Descriptions	16
Licensure and Certifications	17
Performance Evaluations	18
Online COER Workflow	20
Career Progression and Development	21
Career Pathways and Tracks	22
Career Pathways and Tracks (Table C)	22
USPHS Commissioned Corps Deployment Operations	22
Post-Deployment Respite Absence (Table G)	24
Deployment Outline	25
Reassignments	25
Return to Service	26
USPHS Commissioned Corps Uniform Policy	26
Awards and Decorations	27
Health Professions Special Pay (HPSP)	29
Assignment Pay	30
Permanent Promotions	31
Permanent Promotion Eligibility Percentages (Table E)	31
Permanent Promotion Eligibility Criteria (Table F)	32
Managing Poor Performance	34
Misconduct	35
Standards of Conduct	37
Substance Use	38
Complaints and Redress (formerly Grievances)	39
Equal Opportunity	40
Retirement	40
Separation	42
Medical Separation and Medical Disability Retirement	43
Separating Officer	45
Return of ID Cards	47
Leave and Attendance	47
Telework & Remote Work	53
Temporary Duty Assignments (TDY)	54
Death of a PHS Officer	55

## Introduction

This pamphlet provides supervisors with the tools they need to effectively manage, supervise, and advise Public Health Service (PHS) officers. It is a living document and will be updated as needed to reflect changes in U.S. Public Health Service (USPHS) Commissioned Corps policy. In addition, it provides a brief history of the Service and explains its mission, values, function, and organization.

Much of this document is organized by the phases of an officer's career life cycle as follows:

- Call to Active Duty (CAD) and Initial Entry into the USPHS Commissioned Corps.
- Career Progression and Development.
- Separation and/or Retirement.

Lastly, this document concludes with general guidance that applies to all PHS officers regardless of where they are in their career life cycle.

## History of the U.S. Public Health Service Commissioned Corps

The USPHS Commissioned Corps is one of the nation's eight uniformed services, a branch committed to the service of health. PHS officers advance our nation's public health, serving in agencies across the government as physicians, nurses, dentists, veterinarians, scientists, engineers, and other professionals.

The USPHS Commissioned Corps began with the creation of the Marine Hospital Fund in 1798 when President John Adams signed into law the "Act for the Relief of Sick and Disabled Seamen." This Act established an "insurance system" for the care of ill merchant marines and led to the creation of a network of marine hospitals. Following the Civil War, Congress formally converted the network of marine hospitals into a centrally controlled Marine Hospital Service. Dr. John Maynard Woodworth became the first "Supervising Surgeon," and began the initial transformation of the Service. On January 4, 1889, President Grover Cleveland signed an Act passed by the 50th U.S. Congress to establish the USPHS Commissioned Corps as a modern uniformed service with a highly disciplined cadre of health professionals, based on his experience in the Union Army as a surgeon. Because the USPHS Commissioned Corps originated as a sea service (like the merchant marines and U.S. Navy), officers in the USPHS Commissioned Corps wear uniforms modeled after the U.S. Navy and U.S. Coast Guard, with special USPHS Commissioned Corps insignia, and hold Naval ranks equivalent to officers of the Navy and Coast Guard.

Today, PHS officers serve in operating divisions (ODIVs)/staff divisions (STAFFDIV) across the Department of Health and Human Services (HHS), and other federal agencies, state health departments, and non-profit institutions engaged in health and public health activities. To learn more about the USPHS Commissioned Corps and its proud history, supervisors may read the "[USPHS Commissioned Corps Doctrine](#)" and/or visit the [USPHS](#) website.

## Mission, Values, and Function of the USPHS Commissioned Corps

The mission of the USPHS Commissioned Corps is to protect, promote, and advance the health and safety of the nation. The USPHS Commissioned Corps' values are Leadership, Service, Integrity, and Excellence. The USPHS Commissioned Corps expects every PHS officer to adhere to its mission and to embody its values.

As one of America's eight uniformed services, the USPHS Commissioned Corps fills essential public health leadership and service roles within the nation's federal government agencies and programs. PHS

officers serve in 11 professional categories as physicians, nurses, pharmacists, dentists, dietitians, engineers, environmental health officers, health service officers, scientists, therapists, and veterinarians. Along with their regular duties, such as providing patient care to underserved populations or conducting biomedical research, PHS officers deploy to respond to public health crises, natural disasters, infectious disease outbreaks, and terrorist attacks. They also serve on humanitarian assistance missions and provide medical care throughout the world. For example, the USPHS Commissioned Corps frequently partners with the United States Navy on their health diplomacy missions which are carried out on the Navy's commissioned hospital ships, the *USNS Mercy* or *USNS Comfort*.

Over the last few years, PHS officers have provided leadership and humanitarian health services during several natural disasters, such as the Indian Ocean Tsunami of 2004, and Hurricanes Katrina and Rita in 2005; Ike and Gustav in 2008; and Harvey, Irma, and Maria in 2017. PHS officers also provided public health support and response to the 2001 anthrax attacks and the aftermath of the destruction of the World Trade Center. Furthermore, PHS officers have proudly and proficiently rendered expert care to those affected by the Ebola Outbreak of 2014-2016 for which officers of the USPHS Commissioned Corps was awarded the Presidential Unit Citation, the Zika Virus Outbreak of 2015-2016, and COVID-19 in 2020-2023.

In time of war or national emergency the President may, by Executive Order, declare the USPHS Commissioned Corps, including its Ready Reserve Corps, to be a military service. For the time specified, the USPHS Commissioned Corps will constitute a branch of the land and naval forces of the United States run by the President as Commander in Chief.

The USPHS Commissioned Corps consists of two components: the *Regular Corps (RC)* and the *Ready Reserve Corps (RRC)*. PHS officers serve in either the Regular Corps or Ready Reserve Corps.

1. *Regular Corps.* The RC is an all-officer corps comprised of public health professionals from public health and medical disciplines called to active duty and appointed to the Regular Corps of the USPHS Commissioned Corps.
2. *Ready Reserve Corps.* The RRC is a component of the USPHS Commissioned Corps established by the Affordable Care Act (ACA) as the new surge capacity for the U.S. Public Health Service Commissioned Corps. It is intended to fulfill the need for additional commissioned personnel on short notice to assist Regular Corps personnel for both routine public health and emergency response missions during involuntary calls to active duty. Additionally, RRC officers may augment or backfill deployed RC officers at any HHS Operating Division (OPDIV), Staff Division (STAFFDIV), or non-HHS organization to which RC officers are assigned, detailed, or otherwise covered under a Memorandum of Agreement/Understanding (MOA/MOU), or supplement deployment teams. RRC officers may also be assigned or detailed to participate in routine training to meet the general and specific needs of the USPHS Commissioned Corps or to support isolated, hardship, and medically underserved communities to improve access to health services.

For additional information on the Ready Reserve Corps, refer to: [CCD 121.07](#), "Ready Reserve;" [CCI 322.06](#), "Ready Reserve Corps Management;" and [CCI 322.01](#), "Short Tours of Active Duty."

## USPHS Commissioned Corps Conditions of Service

1. As voluntary members of a uniformed service, PHS officers have a continuing duty and responsibility for effective performance, growth and professional development, proper conduct, dedication to duty, professionalism, flexibility, and willingness to accept new assignments.
  - a. The USPHS Commissioned Corps based its conditions of service around the requirement that all officers will obey all rules, regulations, policies, guidance, standards of conduct, and established procedures for the USPHS Commissioned Corps,

as well as those for any HHS OPDIV/STAFFDIV, or non-HHS organization to which the officer is assigned.

- b. The USPHS Commissioned Corps personnel policies regulate the high standards of ethics, good order, performance, daily uniform wear, discipline, and professionalism that are the essence of a uniformed service.
2. All officers in the USPHS Commissioned Corps, while on active duty, must adhere to its general duty requirements:
- a. *Professional Competence.* All officers must maintain competence, including licensure, and demonstrate progression in the profession that qualified them to enter the USPHS Commissioned Corps. (See [CCI 241.01](#), “Readiness and Duty Requirements” and [CCI 251.01](#), “Professional Licensure and Certification.”)
  - b. *Career Growth and Advancement.* All officers must demonstrate career progression by preparing for, seeking, and accepting assignments of increasing responsibility that are commensurate with or greater than their grade.
  - c. *Deployment Readiness.* All officers must continually meet the USPHS Commissioned Corps’ basic force readiness standards established by the Assistant Secretary for Health (ASH), absent a waiver under established policy. (See [CCD 121.02](#), “Deployment Readiness;” [CCI 241.01](#), “Readiness and Duty Requirements;” and [CCI 241.02](#), “Deployment of Public Health Service Officers.”)
  - d. *Security and Suitability.* All officers must remain eligible to obtain a Defense Security Service Tier 3 (Secret) security clearance and must conduct themselves both personally and professionally in a manner that reflects credit upon the officer and the USPHS Commissioned Corps. (See [CCI 231.04](#), “National Security and Suitability Background Investigations.”)
    - (1) All officers must follow their HHS OPDIV/STAFFDIV/non-HHS organization’s Drug-Free Workplace Program plan that includes provisions for random drug testing of officers in designated sensitive positions, as well as testing applicants, those under reasonable suspicion, officers with a history of accidents or unsafe practices, and those being treated for past drug-use.
    - (2) The Director, Division of Commissioned Corps Headquarters (CCHQ), may direct an officer to undergo drug and/or alcohol testing if there is any indication or reasonable suspicion that the officer may be abusing such substances. (See [CCI 211.06](#), “Substance Use” and [CCI 221.02](#), “Medical Readiness.”)
  - e. *Health Standards.* All officers must meet the medical retention standards established by the ASH and promptly inform the Medical Affairs Branch (MAB) of any significant new medical/mental health diagnoses which could potentially affect their long-term health status (i.e., not likely to resolve within one year). An officer who does not meet the standards or who refuses to supply the necessary medical documentation to MAB, CCHQ, will have the records sent to the appropriate separation process. (See [CCD 128.01](#), “Medical Fitness for Duty;” [CCI 221.02](#), “Medical Readiness;” and [CCI 393.01](#), “Medical Review Board.”)
  - f. *Weight Standards.* All officers must maintain the USPHS Commissioned Corps’ weight standards established by the ASH. (See [CCI 241.01](#), “Readiness and Duty Requirements” and [POM 821.66](#), “Retention Weight Standards.”)

3. Failure to meet a condition of service can result in administrative action. The USPHS Commissioned Corps can send the records of any officer who fails to meet any condition of service, as determined by the ASH, to an Involuntary Termination Board (ITB), Administrative Separation Board (ASB), Involuntary Retirement Board (IRB), Medical Review Board (MRB), or other involuntary separation process.

For additional information on conditions of service, refer to: [CCD 111.03](#), “Conditions of Service.”

## CCHQ Organization and Function

The ASH oversees the USPHS Commissioned Corps, providing it with strategic and policy direction, while the Surgeon General (SG), through the Office of the Surgeon General (OSG), oversees its operations. Although members of a uniformed service, PHS officers are **not** members of the U.S. Armed Forces. Also, PHS officers are subject to the Uniform Code of Military Justice (UCMJ) - when they are detailed for duty to the armed forces. However, in cases of national emergency, the President can designate the USPHS Commissioned Corps, a military service; while in this military status, all officers must adhere to the UCMJ.

The USPHS Commissioned Corps is centrally administered by CCHQ and falls under jurisdiction of the Office of the Assistant Secretary for Health (OASH) and the OSG. The Director, CCHQ reports directly to the SG. The functions of each component of CCHQ are summarized below; contact e-mails for the various branches may be found under the “[About CCHQ](#)” tab on CCMIS:

1. **Immediate Office of the Director (IOD)**
  - a. The Director is responsible for directing all functions regarding personnel, administration, operations, readiness, deployment, and policy for members of the U.S. Public Health Service (USPHS) Commissioned Corps. The Director is the principal advisor to the SG on activities and policies related to Commissioned Corps training, preparedness, activation, deployment, and total force fitness.
  - b. *Adverse and Disciplinary Actions Officer (ADAO)*. The ADAO is responsible for processing disciplinary actions and coordinating disciplinary board processes.
  - c. *Liaison Coordinator (LNO)*. The LNO Coordinator is responsible for coordinating activities of the LNOs.
2. **Division of Deployment Operations & Readiness**
  - a. *Readiness and Deployment Branch (RDB)*. The RDB is responsible for managing all USPHS Commissioned Corps response and recovery operations during natural or manufactured disasters within the U.S. and abroad. RDB oversees the Corps Care program:
    - Corps Care. The Corps Care program provides guidance and support to PHS officers while building and strengthening the overall resiliency of the USPHS Commissioned Corps. The program helps officers identify resources (e.g., wellness, resiliency) available to them when needed.
  - b. *Public Health Emergency Response Strike Team (PHERST)*. The PHERST Team is comprised of PHS officers who work full-time with clinical, safety, and behavioral health providers augmenting the military community at Defense Health Agency (DHA) Military Treatment Facilities (MTFs). The PHERST presence assists select DHA MTFs with clinical staffing gaps to ensure the continuity of care of our uniformed service members and their families. Additionally, PHS officers in PHERST will support the

nation as a rapidly deployable asset who are available to deploy within 24 hours of activation, but serve on a five-month on-call rotation the same as other PHS officers.

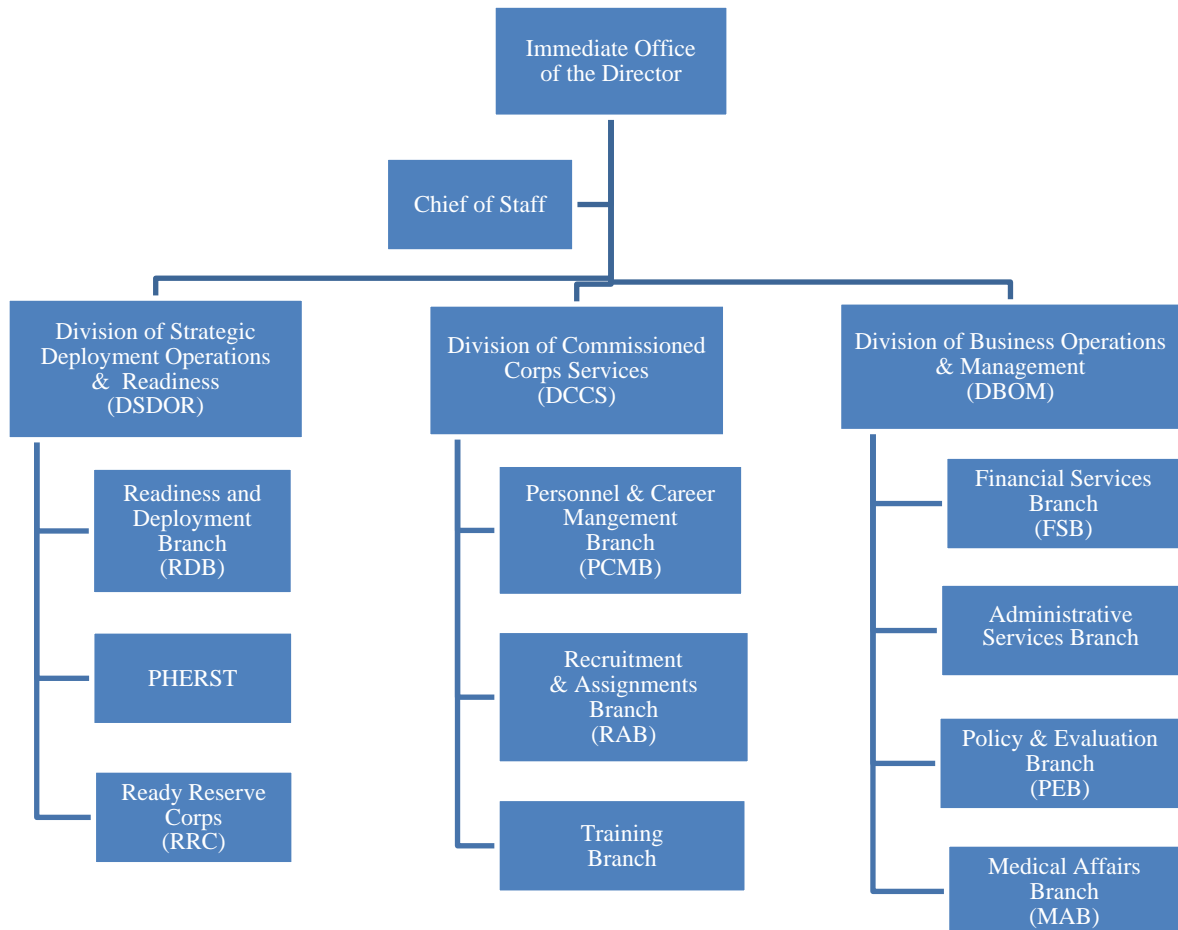
3. **Division of USPHS Commissioned Corps Services**

- a. *Recruitment and Assignments Branch (RAB)*. The RAB processes applications for all new Calls-to-Active Duty (CAD) and administers all activities involved in the CAD process. They also oversee the Commissioned Officer Student Training and Externship Programs (COSTEP) and other student training programs and provide strategic direction and program management of all special recruitment marketing and advertising initiatives. The assignments team manages the assignments and career progression of PHS officers, including position management, processing personnel actions, separations (terminations and retirements), individual details, and long and short-term training.
- b. *Personnel and Career Management Branch (PCMB)*. The PCMB provides PHS officer support and is responsible for: non-disciplinary boards, noncompetitive and competitive promotions, Commissioned Officer Effectiveness Reports (COER), the electronic Official Personnel Folder (eOPF), Leave, Licensure, Transcripts, Credentials, Awards, Defense Enrollment Eligibility Reporting System (DEERS), and Montgomery and the Post 9/11 GI Bill and other educational benefits.
- c. *Training Branch (TB)*. The TB is composed of a cadre of PHS officers who develop and deliver training that lay the foundation for officership and provide officers with the knowledge and skills necessary for a successful career in the USPHS Commissioned Corps. The Commissioned Officers Training Academy (COTA) prepares both new and serving officers for developmental and continual growth throughout their USPHS Commissioned Corps career.

4. **Division of Business Operations and Management**

- a. *Medical Affairs Branch (MAB)*. The MAB is responsible for monitoring the health status of all PHS officers; maintaining officers' health records; and developing policies and procedures for administering physical qualifications for: initial entry into the USPHS Commissioned Corps, sick leave, fitness for-duty, and disability separation. MAB 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 the USPHS Commissioned Corps.
- b. *Administrative Services Branch (ASB)*. The ASB manages records and health information functions for the USPHS Commissioned Corps. In addition, it is responsible for the following: transportation and travel allowances for official travel for PHS officers and their dependents, generating the statement of service for retired/terminated officers, and maintaining hard copies of the eOPF and Privacy and Freedom of Information Requests.
- c. *Policy and Evaluation Branch (PEB)*. The PEB develops, updates, and maintains all policy issuances and directives related to USPHS Commissioned Corps operations, personnel, training, readiness, appearance, deployment, promotion, and retirement. It also assists the other CCHQ branches, partner agencies, LNOs, the Office of the Secretary, other uniformed services, and the Department of Veterans Affairs regarding PHS officer rules, requirements, entitlements, benefits, pay, and travel.
- d. *Financial Services Branch (FSB)*. The FSB manages all USPHS Commissioned Corps budget, payroll, and billing operations.

## Commissioned Corps Headquarters (CCHQ) Organizational Chart



For additional information on the HHS statement of organization, functions, and delegations of authority, refer to the Federal Register: [84 FR 1752](#) (2019):

### Personnel Resources

There are myriad online and personnel resources available to supervisors, managers, and mentors of PHS officers to assist with human resources functions, including:

#### 1. The Electronic USPHS Commissioned Corps Issuance System (e-CCIS)

The [e-CCIS](#) houses all policies that govern USPHS Commissioned Corps personnel. All PHS officers are subject to the policies, procedures, instructions, and standards contained in e-CCIS. The types of documents housed in e-CCIS are:

- a. *USPHS Commissioned Corps Directive (CCD)*. CCDs are broad regulatory issuances that describe requirements set forth by legislation, the President, or the Secretary of HHS. The Secretary issues CCDs to establish or describe policies or programs, and to assign responsibilities. The Secretary signs CCDs.

- b. *USPHS Commissioned Corps Instruction (CCI)*. CCIs implement regulations outlined in CCDs or prescribe the manner or specific plan or action for carrying out the regulation, program, or responsibility outlined in a CCD; the ASH issues CCIs.
- c. *Personnel Policy Memorandum (PPM)*. PPMs set forth new or revised policies for the USPHS Commissioned Corps and/or provides information necessary for the proper administration and management of the Service. The ASH issues PPMs, which have the full force and effect of CCIs. PPMs are frequently temporary or supplemental. Under the direction of the ASH, the Director, CCHQ, may make technical corrections to CCIs and PPMs.
- d. *Personnel Operations Memorandum (POM)*. POMs set forth operational guidance from the OSG. These provide more details on procedures and rules for implementing CCIs. The SG signs POMs.
- e. *Commissioned Corps Pamphlet (PAM)*. PAMs are brief, formal, operational guidance that set forth the meaning or intent on a specific subject and are published as guides. The OSG and/or CCHQ issue PAMs, which do not have the force of law or policy.

## 2. **Human Resources**

There are several sources of expertise for human resources to PHS officers. These include:

- a. *Commissioned Corps Headquarters (CCHQ)*. CCHQ is comprised of PHS officers and civil service personnel providing specialized guidance regarding operational and policy issues related to supervising PHS officers.
- b. *HHS OPDIVs, STAFFDIVs, and Non-HHS Organizations Resources*. There are several sources of expertise throughout HHS OPDIVs, STAFFDIVs, and non-HHS organizations to which PHS officers are detailed. These include:
  - (1) USPHS Commissioned Corps Liaison (LNO). LNO responsibilities include, but are not limited to, the following:
    - (a) Serving as the primary point of contact for USPHS Commissioned Corps related matters within an HHS OPDIV/STAFFDIV or non-HHS organization; they select their LNOs.
    - (b) As PHS officers or civilians, serving between their respective organizations and OSG/CCHQ.
    - (c) Providing management, oversight, and consultative services to their components, leaders, hiring managers, supervisors, and PHS officers on various HHS OPDIV/STAFFDIV and non-HHS organizations programs that affect a PHS officer's work life. They furnish advice, guidance and technical assistance on all matters related to staffing, career development and growth, performance management, officer's deployment accountability, honor and service recognition awards, discipline, adverse actions, standards of conduct, conditions of service, training, insurance, travel, personnel actions, promotion counseling, and retention management. The [LNO List](#) may be found on CCMIS.
  - (2) Chief Professional Officer (CPO). CPOs serve as the primary point of contact between OSG and their respective professional categories. The SG appoints CPOs to represent their category for a four-year term. The CPO provides leadership and direction for the category; advocates for the category; promotes professional

development; and fosters the highest level of commitment to leadership, service, excellence, and integrity for the officers serving in the professional category. The [CPO List](#) may be found on CCMIS.

- (3) Professional Advisory Committee (PAC). PACs serve as a primary resource for career development guidance and are a general resource for individual officers. PACs also provide advice and consultation to the respective CPO relating to the relevant professional activities and personnel issues. The [PAC List](#) may be found on CCMIS.
- (4) Human Resources (HR) Specialist. In some agencies, HR specialists process personnel actions and other administrative tasks for PHS officers assigned to their programs.

## HHS OPDIVs/STAFFDIVs and Non-HHS Organizations

The USPHS Commissioned Corps assigns PHS officers to public health agencies in HHS, state health departments, and non-profit organizations that are engaged in health care activities. It also assigns officers to non-HHS organizations that need health services (e.g., Immigration and Customs Enforcement (ICE), Federal Bureau of Prisons (BOP), National Park Service (NPS), congressional committees) via a Memorandum of Agreement (MOA). A **partial list** of the organizations where PHS officers are/or may be assigned or detailed include:

### 1. Department of Health and Human Services (HHS)

#### a. Office of the Secretary

- Office of the Assistant Secretary for Health (OASH)\*\*
  - Office of the Surgeon General (OSG)
- Office of the Assistant Secretary for Planning and Evaluation (ASPE)
- Office of the Assistant Secretary for Preparedness and Response (ASPR)\*\*
- Federal Occupational Health\*\*
- Office of Global Affairs\*\*
- Office of General Counsel (OGC)
- Program Support Center (PSC)

#### b. Operating Divisions

- Administration for Children and Families (ACF)
- Administration for Community Living (ACL)
- Agency for Health Care Research and Quality (AHRQ)\*
- Agency for Toxic Substances and Disease Registry (ATSDR)\*
- Centers for Disease Control and Prevention (CDC)\*
- Centers for Medicare and Medicaid Services (CMS)
- Food and Drug Administration (FDA)\*
- Health Resources and Services Administration (HRSA)\*
- Indian Health Service (IHS)\*
- National Institutes of Health (NIH)\*
- Substance Abuse and Mental Health Services Administration (SAMHSA)\*

**NOTE:** \*HHS operating divisions designated as components of the Public Health Service (PHS).

\*\* Components designated as PHS within the Immediate Office of the Secretary (IOS) of HHS.

## 2. Non-HHS Organizations

- Department of Agriculture (USDA)
  - Food Safety and Inspection Service (FSIS)
  - Forest Service (FS)
- Department of Commerce (USDC)
  - National Oceanic and Atmospheric Administration (NOAA)
- Department of Defense (DoD)
  - Defense Health Agency (DHA)
- Department of Energy (USDE)
- Department Homeland Security (DHS)
  - U.S. Coast Guard (USCG)
  - Immigration and Customs Enforcement (ICE)
  - Office of Health Affairs (OHA)
  - Federal Emergency Management Agency (FEMA)
- Department of the Interior (DOI)
  - National Park Service (NPS)
  - Bureau of Indian Affairs (BIA)
  - Bureau of Land Management (BLM)
  - Bureau of Ocean Energy Management (BOEM)
  - Bureau of Reclamation (BOR)
  - Bureau of Safety and Environmental Enforcement (BSEE)
- Department of Justice (DOJ)
  - Federal Bureau of Prisons (BOP)
  - U.S. Marshals Service (USMS)
- Department of Veterans Affairs (VA)
- Environmental Protection Agency (EPA)
- Congressional Committees
- Executive Office of the President (EOP)

**Table A**

## Designation of USPHS Grades with Equivalent Navy Grades

Grade	Civilian GS Equivalent	Designation of Grade Within the USPHS Commissioned Corps	Abbreviation	Equivalent Designation of Grade Within the Navy	Abbreviation
<b>Flag Grades</b>					
<b>O-10</b>	<b>SES VIII</b>	Assistant Secretary for Health	ASH	Admiral	ADM
<b>O-9</b>	<b>SES VII</b>	Surgeon General	SG	Vice Admiral	VADM
<b>O-8</b>	<b>SES VI</b>	Deputy Surgeon General/ Assistant Surgeon General	DSG ASG	Rear Admiral	RADM
<b>O-7</b>	<b>SES V</b>	Assistant Surgeon General	ASG	Rear Admiral (Lower Half)	RDML
<b>Other Grades</b>					
<b>O-6</b>	GS-14/15	Director Grade	DIR	Captain	CAPT
<b>O-5</b>	GS-13	Senior Grade	SR	Commander	CDR
<b>O-4</b>	GS-12	Full Grade	O	Lieutenant Commander	LCDR
<b>O-3</b>	GS-9/11	Senior Assistant Grade	SA	Lieutenant	LT
<b>O-2</b>	GS-7	Assistant Grade	A	Lieutenant Junior Grade	LTJG
<b>O-1</b>	GS-6	Junior Assistant Grade	JA	Ensign	ENS

**USPHS Commissioned Corps Promotion Category Groups and Specialties**

The USPHS Commissioned Corps consists almost entirely of health professionals or professionals in public health-related disciplines. For the purposes of promotion only, effective 1 September 2023, the Service created five promotion category groups as indicated in Table B below; the medical and dental groups have officers just in that category, but the other new groups contain many professional specialties.

**Table B****Promotion Category Groups, Professional Categories & Specialties**

Promotion Category Group	Professional Category	Specialty
<i>Medical</i>	Medical	All
<i>Dental</i>	Dental	All
<i>Applied Public Health</i>	Engineer	All
	Scientist	All but scientist -psychology
	Environmental Health	All
	Veterinary	All
	Health Services Officer (HSO)	Computer
		Hospital Administration
		Public Admin
		Epidemiology
		Public Health
		Environmental Health
		Medical Technology
		Public Health Administration
		Medical Records Administration
		Physical Science
		Business Administration
		Physics
		Biology
		Chemistry
<i>Allied Health</i>	Scientist	Psychology (PhD and PsyD)
	Pharmacist	All
	Dietician	All
	Health Services Officer (HSO)	Psych-Clinical
		Social Work
<i>Medical Services</i>	Nurse	All
	Therapist	All
	Health Services Officer (HSO)	Optometry
		Physician Assistant
		Podiatry Orthopedics
		Podiatric Surgery
		Podiatry
		Dental Hygiene

**Call to Active Duty (CAD) and Initial Entry****1. Application for General Duty in the USPHS Commissioned Corps**

- a. *General Requirements.* The USPHS Commissioned Corps opens its general duty application period based on the needs of the Service. The application process of becoming a PHS officer is available via the general duty electronic application found on the [USPHS](#) website; this application process may take up to a year. Applicants must meet the following criteria on or before the preliminary screening open enrollment date:

- Be a U.S. native or naturalized citizen.
- Have a current unrestricted, valid license, registration, or certification, as applicable, based on discipline, submitted with application.
- Be less than 44 years old (this may be adjusted based on eligible federal PHS civil service and uniform service active-duty time) at the time of appointment.
- Have less than eight years of prior active-duty service in any uniformed service other than the USPHS Commissioned Corps at the time of appointment (unless a waiver is obtained).
- Have a qualifying degree.
- Meet suitability, professional, medical and security requirements.

b. *Additional Requirements.*

- (1) Once applicants have finished an online electronic application, submitted any required documentation, successfully completed the professional and medical boards, and passed the security review, the USPHS Commissioned Corps submits their names for presidential nomination. Applicants who exceed the maximum age or prior active-duty service time must obtain waivers. After the presidential nomination list is approved and officers must secure a position with an HHS/non-HHS organization or federal agency, before the USPHS Commissioned Corps will extend an offer of commissioning.
- (2) Prior to reporting to the HHS OPDIV/STAFFDIV/non-HHS organization or within 90 days after, officers usually must complete the mandatory two-week Officer Basic Course (OBC) that provides an orientation to HHS, the USPHS Commissioned Corps, and life in the uniformed services. Officers who fail to successfully complete OBC may have their commissions terminated (See [CCI 325.05](#), “Officer Development Training.”)

2. **Conversion from Civil Service to the USPHS Commissioned Corps**

When calculating the years of prior service for an applicant, the USPHS Commissioned Corps may grant credit for civil service employment with the Public Health Service, other than as a PHS officer, that is comparable to active-duty service performed by an officer as determined by the Director, CCHQ. Such creditable service may include up to the last five years of employment as a member of the Silvio O. Conte Senior Biomedical Research Service (SBRS) and up to the last five years of employment in the Public Health Service civil service (See Section 1.a-b. of “HHS OPDIVs/STAFFDIVs and non-HHS Organizations” for the eight designated PHS agencies) in professional positions (i.e., positions normally classified in the GS pay system at grade levels GS-9 and above, including SES level positions). Employment must:

- a. Have been a full-time position;
- b. Would be filled by an officer of same or similar profession if the position were occupied by an officer;
- c. Utilize the individual’s qualifying degree (an individual who converts from a civil service position to the USPHS Commissioned Corps while keeping the same position meets this criterion); and
- d. Meet any additional criteria established by the SG in a POM.

After meeting the general appointment criteria of the USPHS Commissioned Corps, former civil service employees may be eligible for an Accession Bonus (AB). The AB incentivizes select health professionals to accept an appointment in the USPHS Commissioned Corps to fill clinically related assignments in exchange for an Active-Duty Obligation (ADO). To receive the AB, the appointee, must not be converting from a position as a civil service employee of an

HHS OPDIV/STAFFDIV/non-HHS organization to which officers are assigned, unless the individual:

- a. Did not previously qualify for an appointment to the USPHS Commissioned Corps when the individual initially joined the civil service and applies to the USPHS Commissioned Corps within one year after obtaining additional education to qualify for an appointment; or
- b. Did not hold the civil service appointment when the application was submitted to the USPHS Commissioned Corps.
- c. Accepted a position at a different location (or agency) from the individual's current employment location (or agency).

For additional information on creditable service, refer to: [CCI 384.01](#), "Creditable Service for Retirement."

### 3. **Probationary Period.**

- a. Officers called to active duty are appointed to the Regular Corps and must serve a probationary period consisting of the first 36 months of any tour of duty; Ready Reserve officers also serve a probationary period.
- b. During the probationary period, supervisors who observe an issue with an officer's performance, conduct, dedication to duty, professionalism as a member of a uniformed service, flexibility, and/or willingness to accept new assignments should contact the LNO or CCHQ.
- c. At any time during the 36-month probationary period, the USPHS Commissioned Corps may summarily terminate the commission of a probationary PHS officer for any lawful reason without needing to provide the officer the opportunity to have their case considered by a board of officers.
- d. In certain cases, the 36-month probationary period may be extended when CCHQ has started an investigation of an officer during their probationary period. In such cases, an extended probationary period must end within 90 days of completion of the investigation; in no case may a probationary period extend beyond four years.

For additional information on probationary period, refer to [CCD 123.01](#), "Involuntary Separation and [CCI 341.01](#), "Probationary Period."

## **Position Descriptions**

1. Position descriptions describe a job's major duties, responsibilities, and requirements. PHS officer billets have civil service or General Schedule (GS) equivalents as shown in Table A.
2. The USPHS Commissioned Corps has implemented category specific standard positions for each professional specialty, including clinical ones. These duties and responsibilities of each position are documented on Form [PHS-4392](#), "Billet Description."
3. Excluding collateral duties and/or special projects, no supervisor or program manager should ever request an officer to perform official duties outside the scope of the officer's position unless the new duties are documented through a travel authorization or travel order, memorandum of assignment, billet/position addendum, some other written document, or a statement in the

officer's position description that states "other duties as assigned." Only substantial additional duties need to be added to a position via a billet/position addendum or memorandum.

4. In addition, documentation should specifically show that an authorized official has determined that the task supports the HHS OPDIV/STAFFDIV or non-HHS organization's authorized activities, is not prohibited by law or their policy, and is part of the officer's official duties. Failure to document these new additional duties leaves the officer unprotected in the event they are injured performing these duties or in the event a legal claim is made against them (e.g., malpractice suit) due to the performance of these duties.
  - **Federal Tort Claims Act (FTCA).** Generally, the FTCA shields federal employees from being held personally liable for civil claims for injury, loss of property, death, or related issues caused by negligence, wrongful acts, or omissions in the performance of their official duties while acting within the scope of their employment (See [28 U.S.C. §§2671-2680](#)). The FTCA acts as a limited waiver of sovereign immunity by allowing such claims against the United States when the United States, if a private person, would be held liable (See [28 U.S.C. § 1346\(b\)](#)).
5. The USPHS Commissioned Corps grade structure is based on a rank-in-officer as opposed to a rank-in-position concept. Thus, the position grade does not need to correspond directly to the grade held by the officer filling the position.
6. The USPHS Commissioned Corps expects officers promoted to a higher pay grade to seek a reassignment to a position that is graded at their new pay grade or higher.

For additional information regarding the position grading system and the legal protection of PHS officers provided by the Government, refer to: [CCI 321.01](#), "Billet Program;" [POM 12-004](#), "Position (Billet) Implementation Grade Changes;" and [CCI 261.01](#), "Defense Liability."

## Licensure and Certifications

1. [CCI 251.01](#), "Professional Licensure and Certification," requires that health care professionals possess and maintain a current, unrestricted license/certification/registration appropriate to their profession. PHS officers must assume the financial cost of maintaining their professional license/certification/registration. The USPHS Commissioned Corps does not pay for licensure exams or renewals.
2. The USPHS Commissioned Corps supports continuing education. Where possible, individual HHS OPDIVs/STAFFDIVs/non-HHS organizations may provide time (with pay) and/or financial reimbursement for continuing education courses necessary for an officer to maintain and improve their professional skills.
3. Officers who are required to maintain a license/certification/registration must continue to do so even if the billet they currently occupy does not require the direct delivery of health care services.
4. Officers must upload a copy of their licenses via [eDOC-U](#). They must also upload licenses and certification renewal documents well before the expiration date. Officers are responsible for ensuring that a current, active license or certification is always in their eOPF. Having an expired license is grounds for disciplinary action including but not limited to the following: involuntary separation; temporary grade reversion; denial of special pays; and removal from consideration for promotion. The [eDOC-U](#) Quick Reference Quick Reference Instructions may be found on CCMIS.

For additional information or questions contact: [PHSLicensure@hhs.gov](mailto:PHSLicensure@hhs.gov).

## Performance Evaluations

### Commissioned Officers Effectiveness Report (COER)

1. The USPHS Commissioned Corps requires the COER to evaluate PHS officers. It is the major source of information measuring each officer's Service performance and work record, providing a continuing record of an officer's success with assignments, duties, proficiencies, and other elements. An officer's direct supervisor will serve as the COER Rater and will evaluate an officer on the following:

- Leadership
- Initiative and Growth
- Communication Skills
- Interpersonal Skills
- Planning and Organization
- Professional Competencies
- Analysis, Judgement and Decision Making
- Overall Effectiveness

Officers should fully understand their performance expectations at the beginning of the annual evaluation period.

2. The Rater will score the officer on a seven-point scale for each performance element. The scoring is based on the following:
  - <2.0 Unsatisfactory
  - ≥2.0 to <4.0 Marginal
  - ≥4.0 Satisfactory
3. The COER reporting cycle begins on 1 October and ends on 30 September of the following year. Evaluation tools used for civilians (e.g., PMAP) are not official evaluation tools for PHS officers. Supervisors must complete the COER in addition to any different evaluation used within their agency. The Memorandum of Agreement (MOA) should determine how an officer detailed to non-HHS organizations will be evaluated.
4. While the USPHS Commissioned Corps evaluates officers annually by using the COER to measure their performance and effectiveness, Supervisors/Raters should review and discuss the officer's performance with the officer on an ongoing basis throughout the year. They also should take the initiative to advise officers of any deficiencies in their performance as soon as they arise and counsel the officer appropriately. Supervisors/Rater should conduct a mid-year performance review with the officer; there should be no surprises in the COER.
5. The USPHS Commissioned Corps requires an annual COER for all officers on extended active duty except for:
  - a. Officers called to active duty after 1 April of the Evaluation Year and officers with an effective retirement date at any point during the Evaluation Year.
  - b. Officers entering a period of continuous terminal leave or separating (excluding retirements) from the USPHS Commissioned Corps prior to or on 1 April of the Evaluation Year that extends to the effective date of their separation from the Regular Corps or Ready Reserve Corps.

- c. Officers in the Junior or Senior Commissioned Officer Student Training and Extern Program (COSTEP) or enrolled full-time in the Uniformed Services University of the Health Sciences (USUHS) School of Medicine who are obtaining their qualifying medical degree.
  - d. The ASH, SG, and political appointees.
- 6. An officer is responsible for:
  - a. Initiating their Annual COER submission process;
  - b. Updating their contact information as necessary; and
  - c. Submitting the COER to their Supervisor/Rater within the specified timeframe.
- 7. The Supervisor/Rater should provide input based upon the period of observed job performance, excluding periods of approved absences or extensive illness. The Rater's supervisor serves as the Reviewing Official (RO), reviewing the COER for completeness and providing concurrence.
- 8. If an officer does not agree with a rating or comment on the COER, the officer may submit, through the online system (i.e., the Forms Section of eOPF):
  - a. *Rebuttal.* An officer may challenge the contents of their COER through the rebuttal process. The officer must submit a rebuttal to CCHQ within 90 days of the Archive Date of the corresponding COER in the eOPF. CCHQ will not accept rebuttals received more than 90 days after the Archive Date of the corresponding COER.
    - (1) The LNO has the option of approving the rebuttal or rejecting it. Once the LNO has approved the rebuttal, the system automatically will add it to the officer's eOPF. The system will send rejected rebuttals back to the officer for modifications.
    - (2) The Supervisor/Rater and RO may respond to an officer's rebuttal separately or through one combined response. The Supervisor/Rater and RO have 60 days from the Archive Date of the officer's rebuttal to submit their response.
  - b. *Redress.* An officer who believes were wronged by a statement in the COER, and a Rater/RO is unwilling to respond to informal requests to change the COER, may seek redress to a COER.

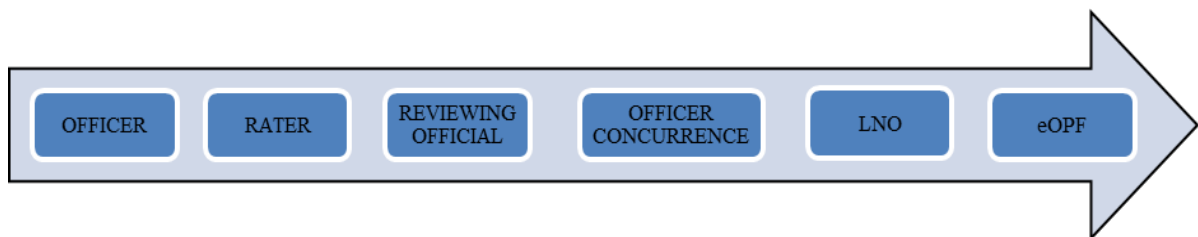
However, no correspondence should be submitted through the COER application.

- 9. The LNO is responsible for:
  - a. Monitoring the status of the COER for all officers within their HHS OPDIV/STAFFDIV or non- HHS organization;
  - b. Assigning the most appropriate Supervisor/Rater and/or RO, with input from the officer's supervisors and others in the officer's chain of command if, due to unique circumstances, a Rater and/or RO is not immediately obvious;
  - c. Approving any rebuttal of a COER by an officer and the response to a rebuttal (if applicable) by a Supervisor/Rater or a Supervisor/Rater **and** RO;
  - d. Verifying the completeness of COER submissions under their jurisdiction; and

- e. Ensuring the punctual return of COER submissions to CCHQ. The LNO may make follow-up inquiries with officers, Raters, and ROs for COERs that are not submitted in a timely manner.
10. The system automatically sends the completed COER to the officer's eOPF after the LNO completes the review.
11. Missing COERs will delay or block promotions (through removal from the promotion pool at the end of the Promotion Board's review), awards, details, or special pays and potentially affect retention in the USPHS Commissioned Corps as an officer.

For additional information on the COER and officer rights, refer to: [CCI 351.01](#), "COER;" [POM 821.73](#), "Annual COER for 2021 Forward;" [COER System User Guide & FAQs](#); and [CCI 211.04](#); "Complaints and Redress."

### Online COER Workflow



### COER Types

There are two types of COERs: *Annual* and *Interim*. The COER application will determine if a COER is an Annual or Interim based on the evaluation time covered by the COER. If the COER covers *at least six months* of evaluation time, it is an Annual COER. If the evaluation time is *less than six months*, it is an Interim COER.

1. **Annual COER.** The Annual COER is mandatory and usually covers a period of at least six months during the evaluation year. It is a web-based process accessed from [CCMIS](#). After each evaluation year, an electronic notice is provided to all PHS officers with instructions to complete the online COER application, "Commissioned Officers' Effectiveness Report." The Supervisor/Rater has the right to initiate an Annual COER if the officer fails to do so in a timely manner (e.g., officer transfers to another HHS OPDIV/STAFFDIV or non-HHS organization) and should contact the LNO if this is the case. Officers can have only one Annual COER per evaluation year. In the event an officer does not have a period of evaluation equal to or greater than six months by one Rater, the COER that covers the longest period during the evaluation year becomes the annual COER. If no single COER is the longest, the most recent of the equal length COER will become the annual COER. Overall performance (satisfactory, marginal, or unsatisfactory) is calculated by the COER application from scores provided by the Rater.
2. **Interim COER.** An Interim COER is optional (unless initiated by the Supervisor/Rater) and covers a period of less than six months during the evaluation year. It is initiated by the officer or the Rater to document performance not covered by the Annual COER during the evaluation year. If the Rater initiates an Interim COER, even without the officer's consent, it is no longer optional for the officer to complete; it is mandatory and failure to complete will incur the same repercussions of failing to complete an Annual COER. Interim COERs may be initiated for the purposes of special pays, promotions, documenting performance for the purpose of remedial or disciplinary action or filling in gaps in the evaluation period caused by a change in the officer's Rater (such as for transfers, separations, and retirements). The Rater rates overall performance (satisfactory, marginal, or unsatisfactory) in Section 3 of the COER.

## COER Sections

1. **Section 1: Administrative Data.** Section 1 is required for both annual and interim COERs. This section has areas to be completed by the officer, Supervisor/Rater, RO, and LNO. It contains administrative data such as period covered in the evaluation, officer's billet, and job title of the Rater, as well as strengths and areas of improvement of the officer.
2. **Section 2: Officers Comments.** Section 2 is required for both annual and interim COERs. This section is completed by the officer and contains their duties, goals, and accomplishments.
3. **Section 3: Performance Evaluation.** Supervisors/Raters must complete Section 3 for Annual COERs. This section is optional for Interim COERs; Supervisors/Raters should complete Section 3 for Interim COERs if they feel they have had sufficient time to rate the officer on the eight performance attributes. In the event an officer's Annual COER covers less than six months, Section 3 is optional. The Supervisor/Rater will rate each performance attribute from 1 to 7 and provide a comment or example justifying the score. The USPHS Commissioned Corps recommends that the Supervisor/Rater confer with the RO, prior to sending the COER to the officer being rated, to ensure alignment and preemptively resolve any significant disagreement between Supervisor/Rater and the RO regarding the officer's ratings.
4. **Section 4: Reviewing Official's Statement (ROS).** ROs must complete Section 4 on Annual COERs if the officer is up for promotion; and Section 4 is recommended, but not required, for other officers. ROs do not need to complete Section 4 on Interim COERs. In this section, the RO should assess the officer on promotion readiness, leadership, and contributions to the mission of the HHS-OPDIV/STAFFDIV/non-HHS organization. You may find additional [COER Information](#) on CCMIS or by emailing: [PHSCOERs@hhs.gov](mailto:PHSCOERs@hhs.gov).

## COER Timeframe

1. Officers who have been supervised by the same Supervisor/Rater throughout the evaluation year (1 October to 30 September) should not begin their annual COER until a month before the evaluation year ends on 30 September. As an example, for the evaluation year beginning 1 October 2019 to 30 September 2020, officers should not begin the annual COER until 1 September 2020. The deadlines for each step of the annual COER process will be established by the most recent COER POM (currently POM 821.73).
2. If an officer's Supervisor/Rater changes before the end of the evaluation year, the officer must complete and submit a COER within two months of the end of supervision by the officer's former Supervisor/Rater. If the officer anticipates a Supervisor/Rater change, they may complete the COER up to a month in advance of the change occurring. Additionally, officers may begin their COER up to one month before the Supervisor/Rater changes. Examples of Rater changes include transfers, separations, and retirements of either the officer or the officer's Supervisor/Rater.

## Career Progression and Development

The USPHS Commissioned Corps requires PHS officers to show career progression and development through successive assignments that demonstrate increasing levels of responsibility and leadership. Each officer is responsible for their own career development; therefore, an officer should choose assignments that demonstrate increasing responsibility and professional growth. Additionally, officer participation in collateral duties, process improvement, and development of in-depth knowledge in a particular or specialized area are also important in career progression and development, as is contributing to the HHS OPDIV/STAFFDIV or non-HHS organization to which an officer is assigned. CCHQ provides a variety of resources for officers to help promote their professional growth and development and help them succeed in their chosen career tracks. For specific guidance regarding applying for and availability of professional growth and development opportunities, refer to: [CCI 325.05](#), "Officer Development

Training;” [CCI 325.01](#), “Extramural and Intramural Training Obligation;” [CCI 325.04](#), “Professional Growth and Development; and [POM 821.81](#), “Extramural and Intramural Training.”

## Career Pathways and Tracks

The USPHS Commissioned Corps has introduced a career development resource for PHS officers consisting of four pathways to promote career development through increasing levels of responsibilities. The Service expects officers to progress from a novice level to an expert level of skills, knowledge, and abilities through the course of their professional career. Additionally, these career pathways provide a roadmap for officers to plan out their career and equip them with the skills and experience to further the mission of the Commissioned Corps. Each career pathway contains several unique careers tracks that officers can choose from to enhance their learning and development experiences:

**Table C**

Career Pathways and Tracks

TRACKS	National Security	Applied Public Health	Clinical Care	Health Strategy & Innovation
	Global Health Security	Policy	Primary Care	Research & Development
	Research & Policy	Outreach, Education, & Communication	Specialized Care	Innovation
	Preparedness & Response	Data Analytics, Program Design, & Management	Clinical Management	Health Information Technology
	Compliance	Environmental Quality		
	Fundamentals			

For additional information refer to CCMIS: [Career Pathways for All Ranks and Professions](#).

## USPHS Commissioned Corps Deployment Operations

Title [42 U.S.C. §204a\(b\)\(3\)](#) establishes that the Secretary of HHS (Secretary) shall “ensure that members of the USPHS Commissioned Corps are trained, equipped and otherwise prepared to fulfill their public health and emergency response roles . . .” Provisions of 42 U.S.C. §204a also requires the Secretary to:

1. “Ensure the USPHS Commissioned Corps is ready to respond rapidly to urgent or emergency public health needs and needs;”
2. “Ensure the availability of the USPHS Commissioned Corps for assignments that address clinical and public health needs in isolated, hardship, and hazardous duty positions, and, when required, address needs related to the well-being, security, and defense of the U.S.,” and
3. “Establish the USPHS Commissioned Corps as a resource available to Federal and State government agencies to assist in meeting public health leadership and service roles.”

In addition, the Secretary ensures the readiness of the USPHS Commissioned Corps to respond to emergencies and urgent public health care needs, as they determine, that arise because of:

1. A national emergency declared by the President under the National Emergencies Act;
2. An emergency or major disaster declared by the President under the Robert T. Stafford Disaster Relief and Emergency Assistance Act;
3. A public health emergency declared by the Secretary under [42 U.S.C. § 247d](#); or
4. Any emergency that, in the judgement of the Secretary, is appropriate for the deployment of officers of the USPHS Commissioned Corps.

Finally, [42 U.S.C. §204a\(c\)](#) states that for “purposes of pay, allowance, and benefits of a PHS officer who is detailed or assigned to a Federal entity, the deployment of such officer by the Secretary in response to an urgent or emergency public health care need shall be deemed to be an authorized activity of the Federal entity to which the officer is detailed or assigned.” This means that there is no financial conflict, since the federal agency can continue to pay the salary and benefits of deployed officers.

### **Readiness and Deployment Branch**

The mission of the Readiness and Deployment Branch (RDB), CCHQ is to manage the timely, appropriate, and effective deployment of PHS officers in response to the conditions listed above. The USPHS Commissioned Corps requires all officers to be fit and ready to meet the needs and mission of HHS, the USPHS Commissioned Corps, and the organizations to which they are assigned. Readiness is a condition of service and is mandated by statute. The Service will remove officers from promotion consideration if they have not maintained basic readiness.

### **Deployment Procedures**

PHS officers who are detailed to a branch of the Armed Forces and non-HHS organizations are deployed in accordance with the relevant MOA and/or MOU. Accordingly, the Director, CCHQ, or designee, will work with the LNO for these organizations to ensure that the assigned officers are adequately categorized for the purposes of documenting officers’ availability for deployments. Officers must notify their supervisors of notices of activation for deployment. Officers are also advised to provide supervisors with deployment dates of departure and return, and to discuss work related issues prior to departure.

CCHQ will organize officers into units for rapid deployment. CCHQ will also assign all officers (except for officers deemed Mission Critical) to a specific pre-configured rapid deployment unit or a group augmenting those units. Each unit or group will be available for deployment on an established “on call” and “backup” schedule/roster. Unless CCHQ establishes a unique schedule for a specific deployment unit/group, the units/groups will be on call once every fifth month. Each of the units/groups will serve as the backup unit/group during the month after being the on-call unit/group. Typically, units/groups will serve deployments of 14 and 30 calendar days in length and may start on any day of the officers on call month.

1. *Unit Manning Lists (UML).* A UML is a preconfigured roster of rapid deployment units and groups established and maintained by CCHQ that includes deployment roles, minimum qualifications for each role, training requirements for each role, SOPs, and the unit/groups on call schedule. CCHQ shall develop a UML for each preconfigured rapid deployment unit, establish procedures to review and assign qualified officers to the UMLs.
2. *Mission Critical (MC) Designation.* Officers designated as MC do not go on deployment. The LNO will submit a complete list of all officers who are proposed as MC or who are currently approved as MC to the Director, CCHQ. The LNO may only submit the proposed lists from 1 January through 31 January and from 1 July through 31 July of each fiscal year; the Director, CCHQ, will not accept submissions outside of these time periods. However, if there is a declared urgent or emergency public health care need in accordance with Sections 6-4 a., b., or c. of [CCD 121.02](#), “Deployment and Readiness,” the Director, CCHQ, will not act on a submission until the period of declared public health care need ends. The list must include justification for the

MC status for each officer on the list. The Director, CCHQ or designee will review the list of officers and will approve or disapprove the designation of an officer as MC. If the officer is not approved to be MC, the USPHS Commissioned Corps will place the officer on a UML.

3. *Dwell Time.* The USPHS Commissioned Corps requires dwell time between deployments. It defines dwell time as the period immediately following a deployment's end, during which CCHQ may not deploy an officer to a future deployment; dwell time is not leave time. Additionally, dwell time begins the day following the official last day of the deployment and is counted in consecutive days (this includes weekends and other non-duty days). Also, dwell time is not authorized for deployments that are less than 30 days; for deployments of 30 days or more, dwell time is determined on a 1-to-1 basis for officers. Lastly, dwell time will not exceed 120 days for Regular Corps officers, does not apply to intra-agency deployments, and can run concurrently with any approved leave.
4. *PDRA.* Officers who are selected for and deploy away from their PDS for the purpose of supporting response operations or contingencies, will be eligible for an uncharged administrative Permissive Temporary Duty (PTDY), henceforth known as PDRA. PDRA is authorized for officers at the rate of one full day for every 14 or more consecutive days away from their PDS and outside of their PDS catchment/normal commuting area (usually a 50-mile radius from PDS).

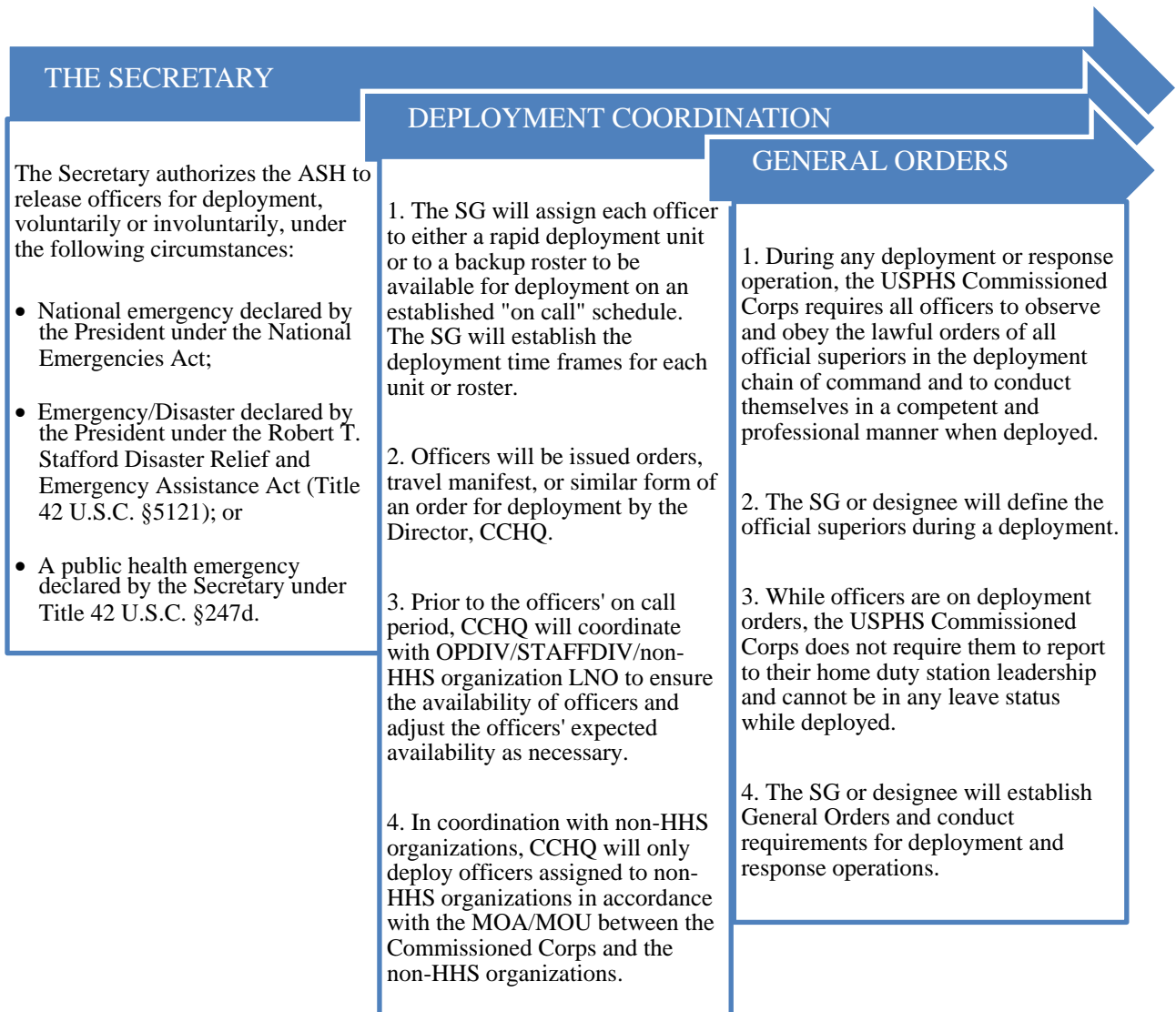
**Table G**

**Post-Deployment Respite Absence**

<b>Deployment Days</b>	<b>Dwell Time</b>
14 days but less than 30 days	One day
30 days but less than 60 days	Two days
60 days but less than 90 days	Three days
90 days but less than 120 days	Four days

For additional information regarding deployment procedures, refer to: [CCI 241.02](#), "Deployment of Public Health Service Officers;" [POM 15-002](#); "Post Deployment Respite Absence;" and [POM 821.76](#), "Deployment Procedures;" or contact the LNO and/or RDB, CCHQ at: [PHSDeployment@hhs.gov](mailto:PHSDeployment@hhs.gov).

## Deployment Outline



### Reassignments

PHS officers are subject to involuntary transfer or involuntary reassignment at any time to meet the needs of the organizational component (e.g., HHS OPDIV/STAFFDIV/non-HHS organization; program; USPHS Commissioned Corps; or department). Officers may be involuntarily/voluntarily transferred or reassigned to:

- Prepare officers to assume positions of increased responsibility;
- Fill positions of program leadership;
- Maximize utilization of individual capabilities; or
- Evaluate officers for retention or as deemed in the best interest of the USPHS Commissioned Corps.

The USPHS Commissioned Corps may assign an officer to three or more geographic locations over the course of a 20-30-year career. Officers must complete a two-year tour of duty with an HHS OPDIV/STAFFDIV/non-HHS organization, program/service, or department before seeking a voluntary Permanent Change of Station (PCS). Exceptions may be made when it is in the best interest of the Service. The program losing the officer and the program gaining the officer should agree on the reassignment. The gaining HHS OPDIV/STAFFDIV/non-HHS organization, program, service, or department must obtain concurrence and a release date from the officer's supervisor prior to the gaining LNO submitting Form [PHS-1662](#), "Request for Personnel Action" to CCHQ requesting personnel orders. The release date must be noted in the "Concurrence Information" section of the form with supervisor signatures as applicable. CCHQ should be advised of all involuntary reassignments. For specific guidance regarding reassignments, please refer to: [CCI 322.05](#), "Transfer and Reassignment of Commissioned Officers."

## Return to Service

A PHS officer detailed to a non-HHS organization under a MOU/MOA, may be returned to HHS if the supervisor, program manager, or the Director, CCHQ, determines that it would be in the best interest of the USPHS Commissioned Corps to remove that officer from duty. Additionally, a non-HHS organization may return an officer to HHS, without the officer's consent, for a variety of reasons including programmatic reorganization, workforce reduction, fiscal constraints, no suitable assignment, documented medical issues, documented misconduct and/or disciplinary problems, inability to maintain security clearance, or unresolved performance issues as stated in the respective MOU/MOA. The LNO will serve as the point of contact (POC) to CCHQ for resolving issues related to the return of officers. The SG authorizes the Director, CCHQ to oversee the process regarding the non-HHS organizations decision to return officers to CCHQ.

HHS aims to provide quality officers to staff non-HHS organizations. Therefore, if the same non-HHS organization makes more than five return requests within a calendar year, the LNO and the Director, CCHQ or designee, and appropriate personnel will hold a meeting to assess and remedy identified causes for these returns. For additional information, refer to: [CCD 121.04](#), "Non-Departmental Organization Details;" [CCI 322.05](#), "Transfer and Reassignment of Commissioned Officers;" and [POM 821.78](#), "Guidance on Non-Health and Human Services (HHS) Agency Returns."

## USPHS Commissioned Corps Uniform Policy

### 1. Determination of Appropriate Uniforms

- a. The ASH and all HHS OPDIV/STAFFDIV and non-HHS organization heads will designate officials who will serve as a Local Uniform Authority (LUA) for areas outside the Washington, D.C., Metropolitan area.
- b. The SG serves as the LUA for Washington, D.C. and surrounding metropolitan areas in Maryland and Virginia. Organization heads should notify the OSG of any unique requirements that exist within their organizations.
- c. The LUA will 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 for officers under their purview.

2. **Uniform Wear.** All PHS officers must always wear their uniforms properly during duty hours. Also, all officers must observe proper grooming and appearance standards in accordance with [CCI 412.01](#), "Uniforms and Appearance." The uniform, with its various insignia and devices, is designed primarily to enable people to identify officers on sight and serves as a visual indication of the authority and responsibility imposed by law on an officer. The primary consideration is for officers to present a neatly groomed appearance when in uniform. Supervisors are encouraged to reach out to the LNO regarding officers not or in poor compliance with USPHS Commissioned Corps uniform regulations.

- a. All officers called to active duty for more than 30 days (except for those in the Commissioned Officer Student Training and Extern Program (COSTEP), and full-time students and faculty of the Uniformed Services University of the Health Sciences (USUHS)) will wear the appropriate uniform and uniform components of their grade while on duty, in accordance with the USPHS Commissioned Corps' and the officer's organization's policy. The exception to policy is officers who have an exemption or waiver.
- b. The USPHS Commissioned Corps may excuse or exempt officers from wearing the uniform when CCHQ determines that wearing the uniform would be inappropriate. Officers seeking an exemption or waiver (e.g., shoe waiver; medical waiver due to cast/splint, etc.) must request it through the CCHQ Uniform Coordinator.
- c. Officers are entitled to a one-time uniform allowance upon call to active duty.
- d. All officers, except officers participating in COSTEP or attending USUHS full-time must maintain all required components of the Service Dress Blue (SDB) and Operational Dress Uniform (ODU).

For additional information regarding uniform wear, refer to: [CCI 421.01](#), "Uniform for Male Officers;" [CCI 421.02](#), "Uniforms for Female Officers;" [CCI 412.01](#), "Uniforms and Appearance;" and [CCI 411.01](#), "Required Wear of the Uniform."

## Awards and Decorations

The USPHS Commissioned Corps uses an honor award system to recognize officers for outstanding actions and achievements based on documentation. The officer's immediate supervisor, another management official, a co-worker, or anyone else with knowledge of the officer's achievement may nominate the officer for an award. They must initiate this recommendation for an individual or unit honor award within 13 months of the accomplishment or specific period of service to be recognized. The HHS OPDIV, STAFFDIV, or non-HHS organization Awards Coordinator is responsible for ensuring that nominations are processed within the HHS OPDIV/STAFFDIV, or non-HHS organization, and submitted to CCHQ in a timely manner. Nominators must initiate service awards no later than 13 months after the criteria for the award was met. Form [PHS-6342-2](#) is used to nominate officers for individual honor awards. Form [PHS-6342-1](#) is used to nominate officers for unit awards. Officers should contact their LNO for specifics regarding submitting awards.

1. **Individual Honor Awards.** Officers are eligible for six individual honor awards. The two highest require review by the USPHS Commissioned Corps Awards Board and approval by the SG. The HHS-OPDIV/STAFFDIV or non-HHS organization involved generally approves the other four awards (except in cases of conflict of interest or other situations specified in policy), which are listed here in order of precedence:
  - Distinguished Service Medal (DSM)
  - Meritorious Service Medal (MSM)
  - Outstanding Service Medal (OSM)
  - Commendation Medal (CM)
  - Achievement Medal (AM)
  - PHS Citation (CIT)
2. **Unit Honor Awards.** Groups of officers, or a combination of one or more officers, are eligible to be nominated for three (3) unit honor awards. The USPHS Commissioned Corps can recognize an officer who is a member of a unit with either the Outstanding Unit Citation (OUC) or the Unit Commendation (UC), as appropriate.

- Outstanding Unit Commendation (OUC) (approved by the SG)
  - Unit Commendation (UC) (approved by the Agency)
  - Presidential Unit Citation (PUC) (based on service as specified in policy)
3. **USPHS Commissioned Corps Campaign and Service Awards.** PHS officers who perform a specific type of duty under certain conditions become eligible for certain service awards, if approved by CCHQ. These awards include:
- a. Service Awards.
    - National Emergency Preparedness Award (NEPA)
    - Foreign Duty Award (FDA)
    - Hazardous Duty Award (HDA)
    - Isolated Hardship Award (ISOHAR)
    - Special Assignment Award (SAA)
    - Crisis Response Service Award (CRSA)
    - Global Response Service Award (GRSA)
    - Response Service Award (RSA)
    - Recruitment Service Award (RSR)
    - Global Health Initiatives Service Medal (GHISM)
  - b. Campaign Medals
    - Coronavirus Disease 2019 (COVID-19) Pandemic Campaign Medal (C-19PCM)
    - Ebola Campaign Medal (ECM)
    - Global Health Campaign Medal (GHCM)
    - Expeditionary Attachment (EA)
4. PHS officers are not eligible for performance-based cash awards pursuant to [5 U.S.C. Chapter 45](#). However, PHS officers may receive cash awards for suggestions, inventions, and scientific achievements, above those normally expected in their job/role, that contribute to the efficiency, economy, or other improvement of the federal government. Officers also may receive a cash award for scientific achievement. The USPHS Commissioned Corps define the criteria for the Scientific Achievement Award, based on “superior performance.” The Director, CCHQ, must approve all cash awards, which are then processed by the Compensation Team. FSB distributes the award via the officer’s monthly paycheck. CCHQ issues official personnel orders are issued to document a cash award.

Officers and supervisors should refer to: [CCI 511.01](#), “Awards Program;” [CCI 512.01](#), “Wear of Awards and Badges;” and [CCI 521.01](#), “Incentive Awards Program.” Additional information regarding awards may be found on the [Commissioned Officers’ Awards Program \(COAP\)](#) page on CCMIS.

## Health Professions Special Pay (HPSP)

HPSP is designed to incentivize PHS officers to remain on active duty and to compensate officers for the costs of training or obtaining skills, which required additional education and are necessary to accomplish the mission of the USPHS Commissioned Corps. Incentives such as HPSP assist in retaining professionals with critical experience and training.

It is an officer's responsibility to determine which compensation package is best suited for their situation. By signing an HPSP agreement(s) and accepting the payment of HPSP, officers are voluntarily agreeing to remain on active duty as an officer, beginning with the effective date of the agreement, for the number of years indicated on the agreement. The effective date of the HPSP agreement cannot be changed once it is in effect, although some HPSP can be renegotiated for longer terms.

1. **Types of HPSP Agreements.** The following HPSP agreements are currently authorized for PHS officers:
  - a. *Board Certification Incentive Pay (BCIP)* - A special pay authorized for an officer who is board certified in a designated health profession specialty. Officers who are board certified must submit a certificate or congratulatory letter from the listed specialty board with their BCIP agreement.
  - b. *Incentive Pay (IP)* - A one-year agreement for officers who are health professionals in a specialty listed under the HPSP Rate Schedule as determined by the ASH. Officers must submit documentation of the qualifying specific training and/or certification when they submit their IP agreement if this is different from the degree that qualified the officer to join the USPHS Commissioned Corps.
  - c. *Retention Bonus (RB)* - A multi-year agreement with an active-duty service obligation for two, three, or four years for officers who are health professionals in a specialty listed under the HPSP Rate Schedule, as determined by the ASH. The RB payment is paid as an annual lump sum amount on the agreement's effective date (and its anniversary in subsequent years for the length of the agreement). Officers must submit documentation of the specialty training or certification with the RB agreement if different from their qualifying degree. If submitting both the RB and the IP together, officers only need one set of documentation.
  - d. *Accession Bonus (AB) or Critical War-Time Skills Accession Bonus (CWS-AB)* - The AB and CWS-AB are bonus agreements with an active-duty service obligation of four years for select health professionals listed under the HPSP Pay Schedule to incentivize eligible candidates to accept an appointment in the USPHS Commissioned Corps and fill direct hands-on patient care assignments. AB is paid in a one-time lump sum payment and CWS-AB is paid in equal annual installments. An officer cannot receive an RB concurrently with an AB or CWS-AB, but can receive IP or BCIP with an AB or CWS-AB.
2. **HPSP Eligibility Criteria.** To be eligible for HPSP, a PHS officer must be:
  - a. Be entitled to basic pay under [37 U.S.C. §204](#).
  - b. Be under a call to active duty in the Regular Corps for a period of not less than one year.
  - c. Be serving in a designated health profession specialty or skill and:

- (1) Have a performance rating of satisfactory on the most recent annual COER ([CCI 351.01](#)).
- (2) Not have any active or pending administrative or disciplinary actions ([CCD 111.02](#) and [CCI 211.07](#)).
- (3) Maintain required Conditions of Service ([CCD 111.03](#)).
- (4) Have a Current Unrestricted License ([CCI 251.01](#)).
- (5) Agree to a period of Obligated Active-Duty Service (as defined in the HPSP Agreement).

### **Supervisory Approval**

Officers must submit HPSP agreements to their immediate supervisor. Supervisors must sign and return the agreement to the officer who then forwards the agreement to the LNO.

### **Personnel Orders**

If an HPSP agreement is approved, CCHQ will issue personnel orders to the officer authorizing BCIP, IP, and/or RB. Payment of an HPSP will normally commence within 90 days after receipt of the completed agreement in CCHQ or 90 days from when CCHQ receives all necessary supporting documentation. For additional information on HPSP, refer to: [CCD 151.05](#), “Health Professional Special Pays;” [CCI 633.01](#), “Special Pays;” and [POM 821.70](#), “HPSP Submission, Effective Dates, and Subspecialty Rates.”

### **Assignment Pay**

The USPHS Commissioned Corps is authorized to pay Assignment Pay (AP) to officers who are assigned to specific duty locations in designated positions in order to maintain continuity of services at these locations. Currently, officers can receive AP if they:

1. Are assigned to the Indian Health Service (IHS), Bureau of Prisons (BOP), or Immigration Health Services Corps (IHSC);
2. Are assigned to a position and location that requires a specified category/profession/specialty or are assigned to a Leadership/Multidisciplinary Position and location that is listed in a Personnel Operations Memorandum (POM) issued by the SG;
3. Are in pay grade O-6 or below;
4. Are assigned to a position that provides direct hands-on clinical patient care, oversees the provision of direct hands-on patient care, directly supports the clinical health care mission of the USPHS Commissioned Corps, or is a Leadership/Multidisciplinary Position;
5. Sign an agreement to remain on active duty in that position assignment and duty station for a two, three, or four-year period; and
6. Meet other requirements specified in the policy (such compliance with Conditions of Service, satisfactory COER rating, not under investigation, and eligible to remain on active duty for the specified period).

For additional information on assignment pay, refer to: [CCD 151.06](#), “Assignment Pay,” [CCI 633.06](#), “Assignment Duty Pay,” and [POM 821.79](#), “Assignment Pay Locations, Rates, and Agreements.”

## Permanent Promotions

### Promotion Eligibility

1. The USPHS Commissioned Corps promotes officers based on the qualifications of the officers, available vacancies at each rank (See [42 U.S.C. § 211\(a\)](#) and [CCD 122.02](#), “Force Distribution and Management”), and the USPHS Commissioned Corps’ needs. Except as authorized in CCD 122.02, the authorized distribution for Regular Corps officers must not exceed the following percentages per Fiscal Year (FY):

**Table E**

Permanent Promotion Eligibility Percentages

FISCAL YEAR (FY)	GRADE			
	O-1/O-2/O-3	O-4	O-5	O-6
FY 2024	20.33%	32.89%	27.83%	18.95%
FY 2025	21.86%	33.55%	26.90%	17.68%
FY 2026	23.46%	34.25%	25.93%	16.35%
FY 2027	25.00%	35.00%	25.00%	15.00%

2. The ASH has restricted permanent promotion to the Full grade (O-4) and/or Senior grade (O-5) in the **Applied Public Health, Allied Health, and Medical Services** promotion category groups, allowing such promotions only if vacancies exist that group at that grade. However, promotions to the O-4/O-5 grades are *not restricted* for the **Medical** and **Dental** promotion category groups.
3. The USPHS Commissioned Corps posts competitive permanent promotion eligibility each year. Officers do not apply for promotion consideration, nor is it voluntary (although officers can twice defer an “In the Zone” examination for promotion to the O-4, O-5, or O-6 grade).
4. Promotion boards convene each spring (typically from February to May) to consider all officers who are eligible for promotion from July 1st through June 30th of the following year.
5. Effective 1 September 2023, the USPHS Commissioned Corps converted all officer temporary grades to an equivalent permanent grade; except for flag officers, an officer may no longer hold a temporary grade unless approved in accordance with [CCD 122.01](#), “Promotions.”

**Table F**

Permanent Promotion Eligibility Criteria

PY 2024 (Based on previous temporary grade)				PY 2025 and Subsequent Years		
Eligible Grade	T & E Credit Required	Time in Service	Time in Grade in USPHS	Eligible Grade	Required Seniority Credit	Required Active-Duty (AD) Service in USPHS
<b>O-2</b>	4 years	None	None	<b>O-2</b>	2 years (in O-1 grade)	<b>6 months or more</b> AD in USPHS
<b>O-3</b>	8 years	None	None	<b>O-3</b>	2 years (in O-2 grade)	1 year or more <b>OR</b> (six months AD in USPHS & 6 months AD in another uniformed service)
<b>O-4</b>	12 years	<b>6 months</b> on current tour	None	<b>O-4</b>	5 years (in O-3 grade)	<b>5 years or more</b> <b>OR</b> (one year AD in USPHS & four years AD in another uniformed service)
<b>O-5</b>	17 years	<b>5</b> years (two years AD as PHS officer)	2 years as O-4	<b>O-5</b>	5 years (in O-4 grade)	<b>11 years or more</b> <b>OR</b> (three years active status in USPHS & eight years active status in another uniformed service)
<b>O-6</b>	24 years	<b>9</b> years (three years AD as PHS officer)	3 years as O-5	<b>O-6</b>	5 years (in O-5 grade)	<b>16 years or more</b> <b>OR</b> (six years active status in USPHS & 10 years active status in another uniformed service)

**NOTE:**

- Seniority Credit Date - Regular Corps: The later date of a) permanent grade credit date established at the time of appointment to the Regular Corps or b) last permanent grade promotion.
- Seniority Credit: The total amount of time an officer has served in their current permanent grade.
- Promotion Credit Date: The date that establishes eligibility to Permanent O-3 for all categories and Permanent O-4 and O-5 for non-Restricted categories.

**Promotion Benchmarks and Precepts**

1. Promotion boards assess the capabilities, performance, and potential of officers eligible for promotion to the next higher grade. This assessment of qualifications is based on the USPHS Commissioned Corps' promotion precepts. The promotion precepts are described in terms of factors; and each factor has benchmarks that identify the level of achievement for the officer at each grade.
2. Promotion precepts are established by the ASH by which promotion Boards examine each officer's ability to assume responsibilities. The precepts include:
  - a. Performance (for promotion to all grades);
  - b. Education, career progression, and potential (for promotion to all grades);
  - c. Contribution to the OPDIV/STAFFDIV/non-HHS organization to which the officer is assigned (for promotion to all grades);

- d. Clinical and/or Public Health Professional Skills (e.g., specific to the officer's qualifying degree), including the application of discipline specific acumen (for promotions to all grades);
- e. Scope and breadth of Departmental and USPHS Commissioned Corps experience (for promotion to the O-5 and O-6 grades); and
- f. Leadership attributes and professional experience as a leader (for promotion to the O-5 and O-6 grades).

### **Promotion Zones, Special Promotion Examination (SPE), and Promotion Opt Out/Deferral**

Promotion zones are groupings of officers in the same grade and promotion category groups who are eligible for promotion at the same time. Officers eligible for promotion fall into one of the three promotion zones:

1. **Below the Zone (BTZ)** – Refers to a group of officers who are designated for promotion examination prior to meeting the In the Zone (ITZ) promotion eligibility criteria for officers of their grade and category group. Essentially BTZ is an opportunity to promote one year early for truly exceptional officers who are performing at a high level, are in a position that exceeds their current grade, have demonstrated unusual leadership and have made broad impacts in their discipline and assigned programs. If an officer does not promote during a BTZ examination, this does not count as one of their ITZ promotion attempts.
2. **In the Zone (ITZ)** - Refers to officers in the same grade and category group who meet the promotion eligibility criteria, have not had two prior failures of promotion to the next grade, and have been designated by the SG for promotion examination to that grade.
3. **Above the Zone (ATZ)** - Refers to a group of officers who are eligible for consideration for promotion to the next higher grade and were not promoted to that grade after their ITZ promotion attempts. An officer who is not promoted ATZ for any grade is no longer eligible for an ATZ examination and will remain in their permanent grade until they separate or retire (unless promoted through a Special Promotion Examination).
4. **Special Promotion Examination (SPE)** - When an officer has not been promoted after an ATZ examination, the officer's OPDIV/ STAFFDIV/non-HHS organization may nominate the officer for a SPE. SPE is the final promotion examination available when an officer has not been promoted after an ATZ attempt. Officers are not automatically reviewed for SPE after an ATZ attempt, but only if nominated by their Agency. Officers who previously had a BTZ review for a grade are not eligible for a SPE review to that grade.

**NOTE:** An officer nominated for a BTZ or SPE and subsequently promoted, must remain stationed at the OPDIV, STAFFDIV, or non-HHS organization that nominated the officer for at least one year after the effective date of a BTZ or SPE promotion, unless that agency agrees to the transfer.

5. **Promotion Opt. Out** - Promotion deferral or opt out is an opportunity for O-3/O-4/O-5 grade officers to delay their ITZ promotion consideration so they can focus on enhancing their career and promotion potential. Officers can defer promotion by submitting a [request](mailto:PHSOptOut@hhs.gov) to [PHSOptOut@hhs.gov](mailto:PHSOptOut@hhs.gov) and CC'ing their HHS-OPDIV/STAFFDIV/non-HHS organization LNO. No more than two opt-outs per grade are authorized, unless the SG authorizes additional ITZ opt outs

For additional information on the USPHS Commissioned Corps promotion process, refer to: [CCD 122.01](#), "Promotions;" [CCI 331.01](#), "Permanent Promotions;" [POM 821.89](#), "Promotion Opt-Out;" [POM 821.88](#),

“Below the Zone Promotion and Special Promotion Examination;” and [POM 821.87](#), “Promotion Precepts and Criteria;” and the [Promotion Information](#) page on CCMIS. For additional assistance, contact your HHS-OPDIV/STAFFDIV/non-HHS organization’s LNO.

### **Failure of Promotion**

1. Failure of Promotion occurs when an officer who is examined by a promotion board and is:
  - a. Rated a “Not Recommend” by the permanent promotion board.
  - c. Eliminated from the final promotion approval list (e.g., failed readiness, COER, and/or adverse action checks).
2. Failure of promotion is not the same as being passed over because the officer was below the promotion success line.

### **Managing Poor Performance**

The keys to managing marginal or substandard performance are to identify performance deficiencies quickly and to discuss them with the officer as soon as possible. Supervisors may implement a Performance Improvement Plan (PIP) or use other methods to assist the officer to improve their performance.

1. Supervisors must document all deficiencies and their attempts to correct them. Supervisors should consult their program’s management or LNO for guidance. They must ensure the officer’s COER accurately describes the officer’s performance without inflating the COER in the hopes that performance will improve.
2. If the supervisor and the program decide to take disciplinary action, they should immediately contact the CCHQ Adverse and Disciplinary Action Officer (ADAO) with documentation on the problem(s) and their efforts to resolve them. The ADAO will need this information for current and future adverse or disciplinary actions or boards. The ADAO, CCHQ may be contacted at: [PHSAdverseActions@hhs.gov](mailto:PHSAdverseActions@hhs.gov).
3. Supervisors who suspect that an officer’s performance deficiencies may be due to an underlying medical issue, should contact MAB for advice at: [MACCHQ@HHS.gov](mailto:MACCHQ@HHS.gov).
4. An officer’s record may be referred to an Involuntary Termination Board (ITB) by the SG or Director, CCHQ when evidence exist that the officer’s performance is consistently marginal or unsatisfactory. In such cases, CCHQ may seek input from the officer’s LNO, supervisor, and other appropriate individuals. Also, a supervisor or official in the officer’s administrative chain may recommend referral of an officer’s records to an ITB. The outcome of an ITB recommendation may include, but is not limited to, retention, with or without reassignment elsewhere within the officer’s department.
5. Informal counseling can be advantageous for both management and the officer concerned. The officer, their supervisor, and/or program management should discuss the performance problems and develop a plan to help address them. The supervisor and/or management should document the counseling session for their own records, including the date and time of counseling, topic discussed, discussion participants, and outcome of the counseling; they should share this document with the officer concerned. In addition, they should provide officers with an opportunity to correct the record if they believe it to be in error; management should keep these corrections with management’s documentation of the counseling session.

- a. [Report of Career Counseling Session Form A](#). Form A is completed by the CPO or a senior leader in the category as designated by the CPO regarding USPHS Commissioned Corps-wide and Category-specific issues; and
  - b. [Report of Career Counseling Session Form](#). Form B is completed by the officer's Supervisor/Rater (as initiated by the officer) regarding job/position-specific performance issues, professional development, and career progression. These forms must be uploaded by the officer to their Electronic Official Personnel Folder (eOPF). These documents are not visible to the Promotion Board members and are not considered during the promotion scoring.
6. Supervisors have the option of placing officers in a non-duty with pay (NDWP) status when allegations of misconduct or unsatisfactory performance are so severe that the officer needs to be suspended from duty as a precaution, pending a full investigation of the allegations through a involuntary separation board of inquiry, or fitness-for-duty evaluation. The supervisor, program manager, or LNO will initiate a Form [PHS-1662](#), "Request for Personnel Action-Commissioned Officer," (personnel order) indicating the start date and end date of this suspension (for no more than 60 calendar days ). The supervisor must send the Form [PHS-1662](#) to the Director, CCHQ, through the LNO. Placement in NDWP status, as well as extensions of the same in up to 60-day increments, are authorized and documented via a personnel order.

For additional information on involuntary separation and involuntary termination of commission, refer to: [CCD 123.01](#), "Involuntary Separation;" [CCI 611.03](#), "Nonduty With Pay Status;" [CCI 341.01](#), "Probationary Period;" and [CCI 382.03](#), "Involuntary Termination of Commission."

## Misconduct

### Types of Disciplinary Action

Officers who violate the USPHS Commissioned Corps' standards of conduct, HHS regulations, or their organizations' policies and procedures, as well as officers who engage in other misconduct, may be subject to disciplinary action. The USPHS Commissioned Corps defines **two** types of disciplinary action: summary actions not requiring a hearing or a board and actions requiring board action or a hearing.

1. *Summary Actions Not Requiring a Hearing or a Board.*
  - a. Letter of Counseling (LOC) – An LOC is a formal warning to an officer and is used to counsel regarding the officer's behavior or conduct. It should detail the problems the supervisor has attempted to address and provide a plan to remedy them. The supervisor should keep a copy of the LOC; the LOC will not become part of the officer's eOPF.
  - b. Letter of Reprimand (LOR) –An LOR is a formal documentation of an officer's inappropriate or unacceptable conduct, behavior, or actions and becomes a part of the officers eOPF. If the officer's conduct warrants, an LOR may be proposed by individuals in an officers' chain of command (e.g., supervisor/Rater, second-line supervisor/Reviewing Official, deployment supervisor, or senior official).
    - (1) The person proposing an LOR gives this proposal to the officer and submits it to the second-level supervisor and LNO. The officer then has seven calendar days to provide a written response to the second-level supervisor. The second-level supervisor will provide the officer with a written notice of their decision within 30 calendar days, which may be to approve/disapprove issuing the LOR, issue a LOC, and/or take other appropriate action. However, if the second-level supervisor receives no written response from the officer, the

supervisor(s) can issue the LOR and the LNO submits the documentation to the Director, CCHQ.

- (2) The LOR may be placed in an officer's eOPF for any length of time up to and including 2 years (for officers at a pay grade of CAPT/O-6 or below), from the date the reprimand was issued; the SG may approve longer periods of time may be approved (up to 16 years for an O-6 officer). An LOR may adversely affect the officer's career (e.g., promotion eligibility, awards, special pays, telework, deployments, and transfers).
- c. Suspension from Duty - When CCHQ determines it to be in the best interests of the Government, the USPHS Commissioned Corps may remove an officer from duty and place them in a NDWP status pending resolution of the matter. Instances where this may occur include but are not limited to an allegation serious enough to warrant removal from duty pending a full investigation; or because of a pending formal involuntary separation action, disciplinary action, or medical fitness for duty evaluation.

## 2. *Actions Requiring a Hearing or Board*

- a. If an officer is charged by their superior, any responsible person, or persons involved in the matter concerning the grounds for disciplinary action, the USPHS Commissioned Corps may order that officer to appear before a Board of Inquiry (BOI). The BOI, after considering all the evidence, may recommend exoneration, termination of the officer's commission, or lesser disciplinary actions.
  - (1) *Involuntary Termination* - The USPHS Commissioned Corps may terminate, without their consent, the commission of officers who are not eligible for retirement for issues of misconduct, marginal or sub-standard performance, or failure to maintain the USPHS Commissioned Corps' conditions of service.
  - (2) *Involuntary Retirement* - The USPHS Commissioned Corps may involuntarily retire, without their consent, officers who are eligible for retirement (over 20 years of service), due to misconduct, marginal or substandard performance or failure to maintain the USPHS Commissioned Corps' conditions of service.
- b. An officer's commission will not be terminated for misconduct without the opportunity for the officer to have their case considered by a board of officers, except when the officer:
  - (1) Was Absent Without Leave (AWOL) for 30 or more **consecutive** days;
  - (2) Was AWOL for 90 or more **non-consecutive** days;
  - (3) Was convicted for one or more criminal offenses by a civil authority, tribal authority, military tribunal, or administrative board and a sentence for confinement for a period in excess of 30 days in a Military, Federal, Tribal, or State penitentiary or correctional institution;
  - (4) Is in the first three years (probationary period) of their current tour of active duty.

Please refer to: [CCD 111.02](#), "Disciplinary Action," [CCD 123.01](#), "Involuntary Separation," and [CCI 384.03](#), "Mandatory, Voluntary, and Involuntary Retirement." For additional information regarding officer misconduct or disciplinary actions, contact your LNO.

## Standards of Conduct

PHS officers must follow the standards of conduct outlined in [CCI 211.01](#), “Standards of Conduct.” In addition, officers, like all HHS employees, must follow the standards of conduct outlined in [5 C.F.R 2635](#); [5 C.F.R 5501](#); and [45 C.F.R 73](#). Key employee responsibilities are:

1. **Government Property.** Officers are responsible for protecting and conserving federal property and obeying the rules and regulations regarding its use. The government prohibits officers from directly using, or allowing others to use, government property for other than officially approved activities except in work settings where limited personal use of government property is officially authorized.
2. **Outside Employment.** Officers may not engage in outside employment or other activities that are incompatible with their duties and responsibilities as government employees. However, the USPHS Commissioned Corps encourages officers to engage in teaching, lecturing, writing, and publishing activities that are not prohibited by law, executive order, or HHS OPDIV/STAFFDIV/non-HHS organization regulations if these activities do not depend on using information obtained through the officer’s government employment (unless such information is publicly available). Officers must obtain prior approval through Form [HHS-520](#), “Request for Approval of Outside Activity” or similar forms used by their employer for outside activities. Furthermore, the USPHS Commissioned Corps and the HHS OPDIV/STAFFDIV or non-HHS organization may not grant officers station leave during scheduled work hours to engage in outside activities for which they receive compensation. For additional information, refer to: [CCI 211.01](#), “Standards of Conduct.”
3. **Conflict of Interest.** As government employees, PHS officers cannot personally and/or substantively participate in a matter in which they have a financial interest; there is no minimum value or control that determines financial interest. This prohibition also applies to issues with a financial interest for spouses, minor children, partners, or organizations with which they are negotiating for prospective employment or have an arrangement for future employment. The government prohibits all officers from having a financial interest that conflicts, or appears to conflict, with their government duties and responsibilities.
4. **Gifts, Entertainment, and Favors.** Officers may not solicit or accept gifts, gratuities, favors, entertainment, or loans from any person who:
  - a. Has or is seeking any business or financial relationship with the organization;
  - b. Conducts operations or activities that are regulated by the organization; or
  - c. Has any interests that may be substantially affected by the performance or non-performance of the officer’s duties. Organizations vary on the restrictions they impose. Each organization may have additional restrictions or may provide some exceptions.
5. **Political Activities.** In accordance with [45 C.F.R. §73.735-603](#), PHS officers are individually responsible for refraining from prohibited political activity. Ignorance of a prohibition does not excuse a violation. Prohibited activities include, but are not limited to, the following:
  - a. Serving as an officer of a political party, a member of a national, State, or local committee of a political party, an officer or member of a committee of a partisan political club, or being a candidate for any of these positions;
  - b. Organizing or reorganizing a political party organization or political club;

- c. Directly or indirectly soliciting, receiving, collecting, handling, disbursing, or accounting for assessments, contributions, or other funds for a partisan political purpose or in connection with a partisan election;
- d. Organizing, selling tickets to, seeking support for, or actively participating in a fund-raising activity of, a political party or political club;
- e. Taking an active part in managing the political party campaign of a candidate for public office or political office; and
- f. Being a candidate for, or campaigning for, an elective public office, except as permitted in [45 C.F.R. §73.735-602\(b\)\(9\)](#).

## Substance Use

The USPHS Commissioned Corps will hold PHS officers responsible for unacceptable performance or conduct that result from the use of illicit substances or the misuse of legal substances (e.g., illicit drugs, misuse of prescriptions drugs, or alcohol use that impairs their ability to function). Often, officers will become aware that they have a substance use issue before it becomes apparent to their supervisor.

The USPHS Commissioned Corps strongly encourages officers who struggle with substance use to contact: Corps Care at: (240) 276-9616 or [PHSCorpsCare@hhs.gov](mailto:PHSCorpsCare@hhs.gov), and/or MAB at: [MACCHQ@hhs.gov](mailto:MACCHQ@hhs.gov). In these cases, the USPHS Commissioned Corps' priority is to help officers with substance use issues to fully recover and become fully productive. However, officers with persistent issues with substance use might not qualify for medical disability benefits and, if these remain unresolved, could lead to an administrative separation without benefits.

## Key Concepts

1. HHS employees in testing designated positions under suspicion of drug use are subject to random drug testing. If a supervisor has a reasonable belief that an officer may be abusing drugs or alcohol, they should contact Corps Care.
2. The USPHS Commissioned Corps defines substance use disorders (SUD) as the mild, moderate, or severe disorders that occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disabilities, and failure to meet responsibilities at work, school, or home.
3. The USPHS Commissioned Corps considers SUD to be a medical condition amenable to treatment and/or control, and therefore is not grounds for medical disability retirement. Officers are responsible for seeking appropriate treatment.
4. Supervisors must approach a SUD from the aspect of officers' performance or conduct. If the officer indicates that a performance problem may be the result of SUD and requests assistance, the supervisor should support the officer. If the officer has indicated that their performance problems are not related to SUD, the supervisor must act solely based on the officer's performance or conduct problems and counsel the officer accordingly.
5. Supervisors who suspect an officer's substance use is the cause of performance problems should not state this to the officer nor become professionally involved in the officer's treatment. Further, a supervisor may not refer an officer for treatment against their wishes; however, a supervisor may refer an officer to their HHS-OPDIV/STAFFDIV/non-HHS organization's Employee Assistance Program (EAP) regarding observed performance or conduct problems.
6. If the supervisor initiates performance counseling, they should set specific time limits for when they expect the officer's performance to improve. Generally, they should allow two-to-three

months for initial improvement when an officer is undergoing treatment for substance abuse. Performance or conduct problems that are severe, dangerous, or disruptive may warrant more urgent intervention by CCHQ.

7. The USPHS Commissioned Corps and its personnel will treat an officer undergoing a SUD treatment program as they would an officer with any other illness. Supervisors should approve sick leave as needed; however, excessive use of sick leave, regardless of the cause, results in an investigation by the Medical Evaluations section of MAB. This investigation will determine whether the USPHS Commissioned Corps' Medical Review Board (MRB) should review the officer's fitness for duty.
8. Safe Harbor is a protective status that applies to officers who are abusing alcohol, misusing prescription medications, and/or using illicit substances. While in Safe Harbor status, officers are protected from disciplinary action (from the USPHS Commissioned Corps, the Department, or their Agency) that is a result of their SUD. Officers seeking Safe Harbor should refer to their HHS OPDIV/STAFFDIV or non-HHS organization policies concerning drug use and Safe Harbor requirements. However, regardless of where officers are stationed, they remain subject to USPHS Commissioned Corps regulations and policies covering administrative and disciplinary action; Safe Harbor status does not preclude any legal action. Officers detailed to an Armed Force may be subject to the Uniform Code of Military Justice (UCMJ). To obtain Safe Harbor status, in accordance with [CCI 211.06](#), "Substance Use," officers must:
  - a. Disclose their condition to MAB to include any and all substance(s) being used that are prohibited by the USPHS Commissioned Corps;
  - b. Sign the "Substance Use Safe Harbor Agreement (Appendix B, CCI 211.06);"
  - c. Continuously provide MAB with permission to access their medical providers and treatment documentation, and
  - d. Seek and be in the process of completing treatment.

For additional information on substance use and safe harbor, refer to: [CCI 211.06](#), "Substance Use." separation; temporary grade reversion; denial of special pays; and removal from consideration for promotion. The [eDOC-U](#) Quick Reference Quick Reference Instructions may be found on CCMIS.

## **Complaints and Redress (formerly Grievances)**

1. A PHS officer may file a formal request for examination and necessary adjudication, as appropriate, when they believe they have been wronged by an official action, and who, upon due application, are refused or denied corrective remedy. Redress may be sought for instances or occurrences that are, but not limited to the following actions:
  - a. Discretionary acts or omissions of actions by a supervisor or senior official that have a direct and adverse effect on the officer or are in violation of law, executive order, regulation, or policy;
  - b. Violation of law, executive order, regulation, or policy;
  - c. Actions beyond the legitimate authority of that supervisor or senior official;
  - d. Actions that are arbitrary, capricious, or an abuse of discretion; and/or
  - e. Actions that are clearly unfair (e.g., selective application of standards).

2. In situations involving officers who are detailed to organizations outside HHS, the respective organization's complaint, and redress (grievance) procedures may take precedence over those described here. Contact CCHQ for assistance in processing a grievance in these circumstances.
3. The USPHS Commissioned Corps will not review the initiation of a complaint and redress (grievance) as a reflection on the loyalty or desirability of the aggrieved officer or on the capabilities of the person who is the object of the grievance.
4. Because prompt resolution of complaint and redress (grievance) is essential, the complaint and redress process has established time limits.
5. The USPHS Commissioned Corps will not tolerate any action by the aggrieved officer, management, or others that constitutes, or gives the appearance of, harassment of another party or parties during or after the processing of a grievance and may subject the offending party to disciplinary action.

For additional information on the grievance process, refer to: [CCI 211.04](#), "Complaints and Redress."

## Equal Opportunity

1. PHS officers and applicants are protected against, discrimination in personnel actions because of race, sex, national origin, religion, age, disability, or genetic information in accordance with [42 U.S.C §2000e](#) and [29 CFR §1614.101](#).
2. PHS officers may be considered in affirmative action plans and are entitled to use the same Equal Employment Opportunity (EEO) counselors and investigators used by PHS civilian employees within the HHS-OPDIV/STAFFDIV/non-HHS organization.
3. PHS officers assigned or detailed to another HHS-OPDIV/STAFFDIV/non-HHS organization may only file a complaint through HHS, in accordance with [CCI 211.03](#), when the subject of the complaint is a matter under the control of HHS. For matters not under the control of HHS, the officer must file their complaint with the HHS-OPDIV/STAFFDIV/non-HHS organization to which they are detailed, in accordance with the MOA between the HHS and that organization.

For additional information regarding Equal Opportunity, refer to: [CCD 111.01](#), "Equal Opportunity" and [CCI 211.03](#), "Equal Opportunity Complaints." Additionally, information regarding the HHS Equal Employment Opportunity Policy may be found at: [HHS: EEO](#). Officers detailed to non-HHS organizations should review their organization's policies.

## Retirement

### 1. Regular Retirement

The USPHS Commissioned Corps will retire a Regular Corps officer on the first day of any month following the month in which the officer attains 64 years of age, provided that the officer has requested retirement in accordance with policies. All retirements based on length of service must be effective on the first day of the month. Additionally, an officer cannot begin terminal leave until the officers HHS OPDIV/STAFFDIV, or non-HHS organization has been notified that the requested retirement date is approved by the Director, CCHQ

- a. *20-Year Regular Retirement.* The USPHS Commissioned Corps may retire an officer under Section who has completed 20 years of active duty service, but less than 30 years of active duty service, provided that at least 10 of those years were active duty commissioned service in any of the uniformed services ([42 U.S.C. § 212\(a\)\(3\)](#)).

- (1) Involuntary Retirement. The USPHS Commissioned Corps may retire an officer, *without the officer's consent*, on the first day of any month following the completion of 20 years but less than 30 years of active-duty service.
  - (2) Voluntary Retirement. The USPHS Commissioned Corps may retire an officer *at the officer's request* on the first day of any month after the completion of 20 years but less than 30 years of active-duty service, provided the officer meets eligibility requirements established by the ASH and the retirement request and approval follow policies prescribed by the ASH. Furthermore, the ASH may restrict processing and approving officers' request to retire under certain circumstances as outlined in [CCD 124.01](#), "Retirement."
- b. *30-Year Regular Retirement.*
- (1) Voluntary Retirement. The USPHS Commissioned Corps will retire a non-flag Regular Corps officer *at the officer's request* on the first day of any month following the officer's completion of 30 years of active-duty service, provided that the officer has requested retirement in accordance with USPHS Commissioned Corps policy established by the ASH. The Director, CCHQ, will retire the officer no later than 180 days after the date CCHQ receives the officer's request to retire.
  - (2) Involuntary Retirement. In accordance with policy established by the ASH, the USPHS Commissioned Corps may retire a non-flag Regular Corps officer, *without the officer's consent*, on the first day of any month following the completion of 30 years of active-duty service. The USPHS Commissioned Corps will approve a retirement in accordance with policy established by the ASH.
- c. *Regular Retirement for Age (64 Years of Age or Older).* The USPHS Commissioned Corps will retire a Regular Corps officer on the first day of any month following the month in which the officer attains 64 years of age, provided that the officer has requested such retirement in accordance with policies prescribed by the Assistant Secretary for Health (ASH). The USPHS Commissioned Corps policy neither requires nor permits the involuntary retirement of an officer due solely to age.
- d. *Failure of Promotion Retirement.*
- (1) Not Restricted Promotion to the O-5 Grade.
    - (a) An officer of the Regular Corps who twice examined for promotion and failed to be promoted to the permanent O-5 grade (**when that grade and category is not restricted**) will be considered not in line for promotion and will, as the SG determines, be retired from the USPHS Commissioned Corps upon completion of 20 years of creditable service (unless the officer separates sooner). Until retirement, the officer will serve at the permanent O-4 grade.
    - (b) An officer who after having been twice examined for promotion and failed to be recommended or promoted to the permanent O-6 grade may have their commission terminated or may be retained on active duty and retired upon reaching 20 years of creditable service towards retirement. If retained on active duty, an officer who twice failed to be recommended will serve at the permanent O-5 grade until retired.

- (2) Other Failures. The USPHS Commissioned Corps may retire an officer of the Regular Corps, in accordance with policy issued by the ASH, who has completed at least 20 years of active-duty service and who has failed to be promoted to any grade.

For additional information on PHS officer retirement, refer to: [CCD 124.01](#), “Retirement” and [CCI 384.03](#), “Mandatory, Voluntary, and Involuntary Retirement.”

## Separation

*Separation* is a general term that is used for a PHS officer’s departure from active-duty service. This includes voluntary or involuntary resignation or release from the USPHS Commissioned Corps with termination of commission, placement in non-active status, or retirement (see section on Retirement); this does not include placement into a non-duty with pay status.

### 1. Voluntary Separation (Resignation)

- a. Form [PHS-1373](#), “Separation of Commissioned Officer,” is used by an officer to request separation from active duty and the form is then used by CCHQ to decide travel and transportation of household goods (HHG) entitlements and lump sum payment of unused annual leave. Retiring officers also use this form and must include a proposed effective date of retirement.
- b. Officers requesting voluntary separation or retirement from the USPHS Commissioned Corps must complete Form PHS-1373.

For additional information on PHS officer separations, refer to: [CCI 387.01](#), “Separation of Commissioned Officer.”

### 2. Involuntary Separation (Termination)

The USPHS Commissioned Corps may terminate the commission of an officer, without the consent of the officer, when termination would be in the best interest of the USPHS Commissioned Corps and/or any one of the following circumstances:

- Probationary Period (within first three years of active duty)
- Three Year File Review
- Refusal to Undergo Physical Examination and/or Furnish Information
- Refusal to Accept Medical Supervision
- Physically Unfit to Perform Duties
- Removal from the Temporary Disability Retirement List (TDRL)
- Pre-existing Physical Disability
- Medical Misconduct
- Absence Without Leave (AWOL)
- Marginal or Substandard Performance
- Licensure/Certification Noncompliance
- Failure to promote to the O-2, O-3, and O-4 Grades
- Force Readiness Non-compliance
- Uniform Wear Non-compliance
- Weight Non-compliance
- Substance use
- Lack of a Suitable Assignment

For additional information on PHS officer **involuntary separation/termination**, refer to: [CCD 123.01](#), “Involuntary Separation” and [CCI 382.03](#), “Involuntary Termination of Commission.”

For additional information on **probationary period** and Regular Corps Record Review, supervisors may refer to [CCI 341.01](#), “Probationary Period, and [CCI 341.02](#), “Regular Corps Records Review.”

## Medical Separation and Medical Disability Retirement

1. The USPHS Commissioned Corps may separate or retire from active duty an officer who is found unfit to perform the duties of their 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 automatically render the individual unfit for duty. There should be a cause-and-effect relationship between the medical condition and the officer's performance. However, a Medical Review Board (MRB) may find an officer unfit for duty if they have a condition not presently affecting performance of duty, but which is likely soon 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.
2. For such an officer to qualify for any USPHS Commissioned Corps benefits, the officer must have incurred the disabling condition(s) in the line of duty or have a disabling condition that is 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. The USPHS Commissioned Corps does not consider natural progression of pre-existing diseases or impairments to be service aggravation.
3. A SUD is never grounds for disability retirement or separation because SUDs are amenable to treatment. However, a SUD may be grounds for involuntary separation if the officer's performance deteriorates to a significant extent for a prolonged period. See the “Substance Use” section above.
4. If a supervisor suspects that an officer is unfit for duty because of a medical condition, the supervisor should contact MAB, via the LNO, and request a fitness-for-duty evaluation for that officer. After the initial investigation, MAB may request that the officer's records be reviewed by an MRB, convened by the Director, CCHQ. The MRB will make a recommendation regarding the fitness or unfitness of the officer, determine a disability rating, and forward the recommendation to the SG for a final decision.
5. The MRB will recommend one of the following:
  - a. **Fit for Duty.** The USPHS Commissioned Corps can expect the officer to perform the duties of their job without significant restrictions. The federal requirement to provide reasonable accommodations in the federal workplace under the Rehabilitation Act of 1973 ([42 U.S.C. Sections 12111\(5\)\(B\)\(I\)](#) and [12131](#)) does not apply for members of the uniformed services.
  - b. **Fit for Limited Duty.** The USPHS Commissioned Corps can expect the officer to perform the duties of his or her job within the limitations stipulated by the MRB with the concurrence of the officer's duty station. The officer's program or assignment must affirm that they will modify the officer's work environment and/or schedule to conform to the limitations stipulated by the MRB. Limited duty status typically will not exceed one year. At the end of one year, the MRB will render a finding of fitness or unfitness for duty.
  - c. **Unfit for Duty.** An officer found unfit by the MRB, may not be retained on active duty, and the USPHS Commissioned Corps must separate or retire them in accordance with

existing laws, regulations, and policies. The USPHS Commissioned Corps must provide the officer with one of the following:

- (1) *Separation without Benefits.* Separation without benefits occurs when a disability is not incurred in line of duty, is caused by a nonservice-incurred condition, or is the result of a non-compensable condition such as alcohol and/or drug abuse.
  - (2) *Medical Retirement with Benefits.* If the MRB finds the officer is unfit for duty because of a Service connected or aggravated medical problem, the USPHS Commissioned Corps may take one of the following actions:
    - (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**, they must be separated with severance pay (Medical Separation). However, if the combined percentage of disability is **30 percent or more**, they must be retired (under a Medical Disability Retirement). Medical Separation is only available to officers with up to 19 years of service.
    - (b) Medical Disability Retirement. If the officer has at least 20 years of creditable service for retirement purposes **and** the percentage of disability is **30 percent or more**, they must be retired under a Medical Disability Retirement or under their Years of Service Retirement. However, if the officer has at least 20 years of service for retirement purposes and the percentage of disability is **less than 30 percent**, the officer must be retired (under their Years of Service Retirement).
    - (c) Temporary Disability Retired List (TDRL). Disability retirement may be temporary when the officer's condition has not stabilized and they may recover and become fit for duty, or when the degree of severity may substantially change within the next three years. While on TDRL, the officer must undergo periodic fitness for duty evaluations no sooner than 6 months after being placed on TDRL and at intervals not greater than 18 months as determined by the MRB or the Chief, Medical Affairs. The USPHS Commissioned Corps will not keep an officer on TDRL for more than three years and the MRB must review the case at least three months prior to the three-year anniversary date.
6. The following individuals can initiate a request to CCHQ for a fitness-for-duty evaluation: the officer; the supervisor or program management; or the Director, CCHQ. The supervisor may request a fitness-for-duty evaluation anytime they feel the officer's ability to perform their duty is negatively affected by an ongoing physical or mental health condition. A detailed description of performance limitations must accompany the request.
  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, CCHQ can take initiate an involuntary separation (See CCI 382.03, "Involuntary Termination of Commission").

For additional information on disability retirement and/or separation, supervisors can refer to: [CCI 393.01](#), "Medical Review Board." Other resources may be found on the [CCMIS](#) website.

## Separating Officer

1. An officer's OPDIV/STAFFDIV/ non-HHS organization is responsible for providing the separating officer's and/or their dependents' authorized travel and transportation of HHG entitlements. The separating officer will coordinate their travel and transportation of HHG with the OPDIV/STAFFDIV/non-HHS organization to which they are assigned.
2. The supervisor cannot prevent an officer from separating. Only OSG/CCHQ can deny a 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. **Form PHS-1373.** The separating officer bears the primary responsibility for initiating the [Form PHS-1373](#), "Separation of a Commissioned Officer" requesting separation or retirement. The officer must complete the form, submit a copy to CCHQ, and send the original of the form through their chain of command to their designated HHS-OPDIV/STAFFDIV/non-HHS organization LNO.
  - a. Once an officer with *less than or more than 20 years* of service creditable towards retirement submits a request for retirement, the request may not be rescinded without the approval of the Director, CCHQ, or designee. However, for officers with less than 20 years of service the following applies:
    - (1) Decisions regarding whether to permit an officer to withdraw a separation request may be made in consultation with the Head of the OPDIV/STAFFDIV/non-HHS organization to which the officer is assigned or their designee.
    - (2) With the concurrence of the officer's OPDIV/STAFFDIV/non-HHS organization Head or designee, the effective date may be adjusted to allow the officer to take terminal leave only if an earlier date would result in the denial of a lump sum payment for unused annual leave (See [CCI 362.01](#), "Annual Leave").
  - b. CCHQ will process the separation and determine whether the officer will be divested of any entitlements. The Director, CCHQ will:
    - (1) Divest travel for the officer and/or their dependents and transportation of HHG under the following circumstances:
      - (a) The officer voluntarily separates before completing two years of continuous active duty.
      - (b) Other circumstances authorized in the JTR when such divestment is warranted.
    - (2) Divest the transfer of, use of, or payment of unused annual leave under the following circumstances:
      - (a) The USPHS Commissioned Corps will pay officers separating or retiring under "Honorable" conditions for unused annual leave in a lump sum payment up to a lifetime limit of 60 days of unused annual leave. Officers forfeit all excess unused leave that is not used or paid in a lump sum upon their separation from active duty.

- (b) An officer voluntarily separates before completing one year of continuous active duty.
  - (c) The USPHS Commissioned Corps involuntarily separates an officer during probation because of officer misconduct, refusal to accept a reassignment, failure to comply with the Service uniform policies, or failure to comply with the Service force readiness standards.
  - (d) A retiring or separating officer receives a characterization of service that is anything other than “Honorable.”
- c. The USPHS Commissioned Corps will divest officers of travel and transportation of HHG and denied the transfer and use of, and payment for unused annual leave in the following circumstances:
  - (1) An officer fails to complete a period of active duty agreed to in writing including, but not limited to, obligations pursuant to training, scholarships, and other contractual agreements (e.g., special pays).
  - (2) An officer who is involuntarily separated under the probationary authority or because of a board proceeding (e.g., 3-year File Review Board, Involuntary Termination Board, Involuntary Retirement Board, etc.) fails to submit a Form PHS-1373 in accordance with guidance provided by the Director, CCHQ. In such cases CCHQ will include a notation in the officer’s record regarding their failure to submit the Form PHS-1373.
  - (3) The Form PHS-1373 is not submitted and received in accordance with the guidance within this Instruction.

#### 4. **Leave**

- a. If the USPHS Commissioned Corps divests an officer of unused annual leave, the officer may not take or be granted annual or terminal leave.
- b. If the Leave Approving Official (LAO) approves annual leave or terminal leave without knowing that the officer is to be divested of such leave, and the officer has departed their last duty station on terminal or annual leave, the USPHS Commissioned Corps will order the officer back to duty for the balance of their time.

#### 5. **Absent Without Leave (AWOL)**

- a. While an officer is in AWOL status, they forfeit all pay and allowances; also, their medical care and disability benefits and government-funded, travel and shipping will not be reimbursed. In addition, the time in AWOL status does not count toward completion of an active-duty obligation.
- b. If an officer leaves the duty station, travels, or ships household goods before a personnel order authorizing the separation is issued, the USPHS Commissioned Corps may declare the officer AWOL and not reimburse them for expenses incurred before the issuance of orders.

For additional information on PHS officer separations/forms, refer to: [CCI 387.01](#), “Separation of Commissioned Officer.” Additionally, supervisors can contact the USPHS Commissioned Corps’ Separation Counselors at: [PHSCCSeparations@hhs.gov](mailto:PHSCCSeparations@hhs.gov).

## Return of ID Cards

1. As outlined in [Department of Defense Instruction \(DoDI\) 1000.13](#), “Identification (ID) Cards for Members of the Uniformed Services, Their Dependents, and Other Eligible Individuals,” all ID cards are property of the U.S. Government and must be returned upon separation, resignation, firing, and termination of contract or affiliation...” with the uniformed service.
2. Separating officers should not return ID cards and all dependent ID cards until after their last day on active duty. Program directors/supervisors must ensure that former officers turn in their Common Access Cards (CAC) and dependent ID cards as a part of their organization’s standard out-processing procedures.
3. The Separations Team of the Recruitment and Assignments Branch, CCHQ will ensure the cards’ proper disposal. CAC/ID cards must be mailed to:

Commissioned Corps Headquarters  
Attn: Separations Team  
1101 Wootton Parkway, Suite # 300  
Rockville, MD 20852

For additional information on ID cards, contact Recruitment & Assignments Branch:  
[PHSCCSeparations@hhs.gov](mailto:PHSCCSeparations@hhs.gov).

## Leave and Attendance

1. PHS officers are subject to a call to duty 24 hours a day, every day of the year, and are not eligible for overtime when they work longer than eight hours a day; work during nights, weekends, or holidays; or work more than 40 hours per week.
2. The supervisor prescribes duty hours for each officer under their supervision. When possible and practicable, prescribed duty hours usually approximate the normal 40-hour workweek (although non-workdays are not always the weekend). An officer may file a formal complaint and redress (grievance) against a supervisor who sets work hours in a malicious, arbitrary, or capricious manner.
3. All officers must enter leave request into the electronic Commissioned Officer Resources Processing System (eCORPS). This will electronically route leave requests directly to a LAO. For eCORPS information and resources, refer to the [eCORPS](#) page on CCMIS.
4. Except in emergencies, officers must request leave and the officer’s LAO then approves this leave in advance. The LAO does not have to be the immediate supervisor.
5. An officer is subject to recall to duty from leave at any time and must inform the LAO of their whereabouts during any period of leave, including sick leave.
6. Supervisors should approve or deny an officers’ leave using the USPHS Commissioned Corps’ electronic processing system. Form [PHS-1345](#), is not the primary tracking method of leave history and should not be treated as such.
7. Terminal Leave is annual leave (see section on Types of Leave) and currently is entered as annual leave in eCORPS. If an officer’s separation/retirement date is effective the 1st of the month, the final 2.5 days accrued will be added after their separation/retirement.
8. Abuse of any category of leave requires that the supervisor and LAO immediately intervene. The supervisor can require the officer to have all leave approved in advance, discipline them for leave abuse, and/or refer them to a Board of Inquiry (BOI) for disciplinary action. Supervisors

are encouraged to discuss abuse of sick leave or patterns that suggest a health problem with MAB, CCHQ.

For additional information and resources on eCORPS information, refer to the [eCORPS](#) page of CCMIS.

## **Types of Leave**

a. *Annual Leave.* A form of chargeable leave.

- (1) Amount Earned and Carried Over. Every officer earns 30 days of annual leave each fiscal year, the equivalent of 2.5 days per month. An officer may not carry over more than 60 days of annual leave into the next fiscal year unless law authorizes special circumstances. This 60-day limitation is imposed by statute and is not subject to a waiver.
- (2) Charging Leave. Officers must take annual leave in 1-day (whole day) increments.
- (3) Non-workdays and Holidays. The number of days of annual leave taken is computed by counting each calendar day during the period of leave, including non-workdays and holidays. Non-workdays immediately preceding or following a period of annual leave are not normally chargeable to annual leave. For example, if an officer is absent from duty on annual leave for a week beginning on Monday and ending on Friday of the same week, annual leave is charged only for Monday through Friday. However, a period of non-workday(s) is both immediately preceded and followed by time on annual leave, the non-workdays are chargeable to annual leave. For instance, if the officer is absent from duty all day on annual leave beginning on Friday of one week and ending on Friday of the following week, annual leave is charged for the Saturday and Sunday following the first Friday. An officer's Alternative Work Schedule (AWS) day counts as a non-workday. So, if an officer who has an AWS that allows them to take Mondays off applies for annual leave on Friday and Tuesday, they must take Saturday, Sunday, and Monday off too. A consecutive period of absence from duty may not be authorized in two or more parts to avoid charging annual leave for non-workdays that fall within the period.
  - (a) *Alternative Work Schedule.* An alternative work schedule is a flexible or compressed work schedule that is something other than the standard work schedule of eight hours per day, five days per week (Monday through Friday), with the same start and stop times each day. A common AWS is working an extra hour a day in return for a free day every other week.
- (4) Advanced Annual Leave. While the USPHS Commissioned Corps can advance up to 30 days of annual leave to an officer in any given year, it should do so only in exceptional cases only, such as a personal hardship or family emergency. In addition, the USPHS Commissioned Corps may not grant advanced annual leave upon call to active duty prior to an officer's reporting for duty. Officers must pay back this advanced annual leave at the rate annual leave is accrued each month (2.5 days per month).
- (5) Emergency Leave. Emergency leave is chargeable annual leave granted for personal or family emergencies involving the immediate family. Immediate family is defined as the officer's or spouse's parents, stepparents, grandparents, siblings, children, and spouse.
  - (a) The initial emergency leave period is usually for no more than 30 days unless the officer has a negative leave balance in which case the leave granting authority may consider only that which is necessary to take care of the emergency.

- (b) Emergency leave usually is authorized in the following situations:
  - (1) The officer's presence contributes to the welfare of a dying member of his or her immediate family or spouse's family.
  - (2) There has been a verified death in the officer's immediate family or the spouse's immediate family.
  - (3) There has been an injury, major surgery, or serious illness in the member's immediate family or the spouse's immediate family resulting in a serious problem only the officer can resolve.
  - (4) A natural disaster such as a flood, hurricane, or tornado occurred that affected the member personally.
- (6) Leave Deficit upon Separation. If an officer has not paid back all advanced annual leave by the date officer separates from the USPHS Commissioned Corps, the USPHS Commissioned Corps will reduce any pay or allowances due to the officer 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 reducing their pay and allowances, the USPHS Commissioned Corps will declare the officer indebted to the federal government and begin collection action.
- (7) Terminal Leave. Terminal leave is annual leave that is approved before the officer submits their request for separation or retirement from active duty.
  - (a) Terminal leave is taken after the officer submits their request for separation (Form [PHS-1373](#)). However, if an officer does not request terminal leave prior to the date of submission of their Form PHS-1373, terminal leave will not be approved except for emergency purposes.
  - (b) A request may be approved for an amount of terminal leave which does not exceed the number of days of unused annual leave that would otherwise be credited to the officer upon the date of their separation from active duty in the USPHS Commissioned Corps.
  - (c) All days, including non-scheduled workdays, such as Saturday and Sunday, will count as terminal leave after an officer's last day at their duty station.
  - (d) Officers may take terminal leave in one segment through the date of separation or as a series of multiple segments.
  - (e) Terminal leave is not an entitlement, and the LAO should grant it only if they believe the officer's absence will not adversely affect program operations. If the officer's absence would have an adverse effect, the authority should deny terminal leave.
  - (f) While an officer is still on active duty during terminal leave, they may accept outside employment if they obtain approval for employment from the appropriate organizational officials.
- (8) Divestment of Leave upon Separation. If an officer voluntarily breaks an active-duty service contractual/agreement, such as by failing to complete the period of service

agreed to in a special pay agreement, the USPHS Commissioned Corps will divest the officer of all annual leave accrued at the time of separation, as well as all travel and transportation entitlements for themselves and their dependents. The USPHS Commissioned Corps will not grant this officer annual leave (or terminal leave) to circumvent divestment of the lump-sum annual leave payment (See [CCI 633.01](#), “Special Pays”).

b. *Sick Leave.* Sick leave is a form of is non-chargeable leave.

(1) Amount Earned and Charged.

- (a) Sick leave is granted as needed and must be taken in 1-day increments (whole day). The USPHS Commissioned Corps requires officers to submit a leave of absence request (sick leave) to their supervisor/LAO as soon as possible.
- (b) While an officer’s LAO may deny a request for sick leave (See [CCI 363.01](#), “Sick Leave”), the USPHS Commissioned Corps advises them to approve this request and, if indicated, require the officer to submit a written statement from their health-care provider certifying the need to be absent from duty.
- (c) Officers should obtain prior approval for absences needed for scheduled medical care. Additionally, officers are not included in the provisions of the [Family and Medical Leave Act \(FMLA\)](#) of 1993.

(2) Medical Provider Certification of Illness.

- (a) If an officer is on sick leave for three or more days or a lesser period (if the supervisor requests it), the LAO may require the officer to submit a written statement or written certification of illness from their health-care provider certifying the need to be absent from duty. This statement should not include protected health information, but should include a confirmation that the officer has a condition that preclude them from working, the estimated time the condition will last, and an estimate as to when the officer may return to full duty without limitations.
- (b) In cases of a projected prolonged absence, the supervisor may require the provider to state any functional limitations and may require the officer to perform limited duties within that do not fall under limitations specified by the provider. If, at any time, the supervisor feels the officer is requesting excessive or unnecessary sick leave, the supervisor should contact MAB and request a sick leave investigation.

(3) Maternity Leave. Maternity leave is a non-chargeable leave period immediately following pregnancy and childbirth.

- (a) The USPHS Commissioned Corps authorizes officers, 84 days (12 weeks) of sick leave for postpartum recovery, beginning the day after hospital discharge.
- (b) Maternity leave is categorized as “sick leave.” The USPHS Commissioned Corps does not have a separate, discrete category for “maternity leave.”
- (c) If an officer gets sick during a period of sick leave for postpartum recovery, this does not reset the sick leave period for postpartum recovery; it will be considered as one continuous period of sick leave.

(4) Extended Period of Sick Leave.

- (a) In cases of prolonged sick leave, officers must obtain and submit to their supervisor, a written medical provider certification of illness at least every 30 days.
  - (b) Supervisors should remind officers that for every 30 days of continuous sick leave MAB must receive a provider statement including confidential personal health information related to the reason(s) for extended sick leave, current health status of the officer, and an estimate of when the officer will be able to return to full duty status. If the supervisor has concerns about the need for prolonged sick leave, they can request that MAB obtain and review the officer's medical records to justify the leave request.
  - (c) If an officer has been on sick leave for 90 consecutive days or for an aggregate of 120 days in any 365-day period, the supervisor must inform MAB so it can conduct a review of the officers' health status; this does not preclude the initiation of a fitness-for-duty evaluation, if necessary.
- (5) Fitness for Duty. The term "fitness for duty," refers to the medical standards (e.g., physical, dental, and mental) for retention, of an officer, on active duty over the long term, and does not address the appropriateness of granting requested sick leave for the present or near future. A MRB determines whether an officer is fit for duty based on medical records, performance reports, and input from supervisors and managers.
- (6) Separation for Disability. The USPHS Commissioned Corps may separate or retire an officer found unfit for duty because of a physical or mental condition.
- c. *Station Leave*. Station leave is an authorized absence from duty and station on non-workdays, off-work hours, or for a period of less than one workday. Station leave is based on an 8-hour workday and is granted in hours.
  - (1) Approval for station leave is not a right; it is a privilege that the officer's LAO should grant prudently and only for legitimate reasons when such leave is necessary to permit an officer to carry out activities that would be difficult, if not impossible, to conduct during non-work hours (e.g., parent teacher conferences, closing on a house, family medical appointments). Station leave is granted at the discretion of the officer's LAO.
  - (2) At a minimum, the officer's LAO may grant verbal approval of station leave in advance, although they may require an officer to obtain written approval for station leave. Station leave is not charged as annual leave.
- d. *Administrative Leave*. Administrative leave is a type of non-chargeable leave for absences of one or more full workdays.
  - (1) Generally, the USPHS Commissioned Corps limits administrative leave to no more than five days per calendar year, except for administrative leave taken pursuant to a permanent change of duty station.
  - (2) Officers may not use administrative leave in lieu of annual leave to attend to personal matters. Appropriate requests for administrative leave are, for example, attendance at professional meetings and taking a professional examination when such examinations will be of benefit to the USPHS Commissioned Corps and to the officer (e.g., professional certification exam).
  - (3) Administrative leave taken pursuant to a permanent change in duty station may be granted as follows:

- (a) Up to three days before an officer leaves their losing duty station to arrange the shipment of their household goods to the new duty station;
  - (b) Up to three days for an officer reporting to duty at the gaining new duty station to receive household goods and to establish the officer's household; and
  - (c) Up to seven days for house hunting pursuant to a geographical Permanent PCS.
- (4) Administrative leave should be requested and approved in advance.
- (5) An LAO may not grant administrative leave to an officer upon separation from active duty, including retirement.
- e. *Court Leave.* Court leave is a form of non-chargeable leave of absence from duty without loss of pay or charge to annual leave to perform jury duty in a Federal, State, tribal or municipal court or to serve as a witness for the United States, the District of Columbia, or a State/local government. While on authorized court leave, an officer may not accept a fee for services, except for reimbursement of expenses (travel and/or per diem):
  - (1) For jury service;
  - (2) As a witness on behalf of the federal, state, or local government;
  - (3) As a witness on behalf of a private party in an official capacity; or
  - (4) 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.
- f. *Other Categories of Leave.*
  - (1) Paternity Leave. Paternity leave is a category of non-chargeable leave that is authorized only for a married PHS officer on active duty whose wife has given birth.
    - (a) Paternity leave is not to exceed 10 consecutive days (holidays and weekends are included in this calculation) and must be taken within 45 days of the birth; paternity leave may be used in conjunction with annual leave.
    - (b) Officers deployed overseas when the wife gives birth have 60 days after returning from deployment to utilize the 10 days of paternity leave.
    - (c) Paternity Leave cannot be taken by unmarried officers fathering a child out of wedlock in accordance with [CCI 361.01](#), "Leave of Absence: General." It cannot be used in cases where the officer does not have a wife, such as adoption or when a surrogate who is not the wife gives birth.
  - (2) Adoption Leave. Adoption leave is a form of non-chargeable leave in a calendar year for the purposes of adopting a child.
    - (a) Officers must adopt a child through a qualifying child adoption agency to be entitled to adoption leave in a calendar year.
    - (b) Officers are authorized 21 days of leave which may be split into multiple periods but must be used within 21 days of the adopted child's arrival in the officer's home.

- (c) If two PHS officers who are married to each other adopt a child, only one such officer shall be allowed adoption leave. Adoption leave may be split into multiple periods (e.g., in concert with legal proceedings/activities).
- (3) Post Deployment Respite Allowance (PDRA). The USPHS Commissioned Corps authorizes PDRA for PHS officers who deploy for 14 or more consecutive days away from their permanent duty station. However, the USPHS Commissioned USPHS Commissioned Corps exempts from PDRA actions and activities that are within the normal scope of an officer's billet description (See [POM 15-002](#), "Post-Deployment Respite Allowance").
- (4) Absent Without Leave (AWOL). An officer is AWOL when absent from the workplace during scheduled work hours and is not covered under an approved leave category.
  - (a) AWOL ends when the officer reports in a manner acceptable to the leave granting authority. Officers could report to their LAO via a telephone call, email, or text message unless the LAO requires them to report in person.
  - (b) The USPHS Commissioned Corps will, for officers in an AWOL status, divest them of all pay and benefits (e.g., travel and transportation of HHG).
  - (c) Annual leave is not accrued while an officer is in an AWOL status.
  - (d) Thirty consecutive days of AWOL is grounds for termination. The USPHS Commissioned Corps may take disciplinary action, including the possibility of termination, against an officer who is AWOL for less than 30 consecutive days. An officer's supervisor should immediately notify Senior Adverse Actions Officer, CCHQ when an officer is AWOL.
- (5) Emergency Leave. Emergency leave is chargeable annual leave granted for personal or family emergencies involving the immediate family (i.e., officer's or spouse's parents, stepparents, grandparents, siblings, children, and spouse. Officers usually take this leave for no more than 30 days. However, if the officer has a negative leave balance, the LAO may provide only the minimum leave that is necessary to take care of the emergency.

For additional information regarding leave, refer to: [CCI 361.01](#), "Leave of Absence, General;" [CCI 362.01](#); "Annual Leave;" [CCI 363.01](#), "Sick Leave;" and [CCI 364.01](#), "Absence without Leave."

## Telework and Remote Work

Participation in telework or remote work is a benefit, not an entitlement. PHS officers detailed to a non-HHS organization or assigned to an HHS OPDIV/STAFFDIV should follow the telework and/or remote work policies of the agency to which they are assigned unless otherwise authorized by the SG. If performing telework/remote work, officers must have a written agreement in place with a copy in their eOPF. *Telework is separate and distinct from remote work.*

1. **Telework.** It is the policy of the USPHS Commissioned Corps to allow HHS OPDIVs/STAFFDIVs/non-HHS organizations to permit PHS officers to telework to the extent these agencies and organizations desire if teleworking does not diminish officers' performance or readiness.
  - a. Officers using telework must have a schedule that defines when the officer reports to work at an agency worksite/duty station and when the officer reports to an alternate duty station (ADS).

- b. Telework may be authorized by supervisors for the maximum number of officers to the extent that mission objectives are met.
  - c. The authority to approve/disapprove a telework request is at the discretion of the supervisor or program to which an officer is assigned. Telework agreements are made between the officer and the agency, not the USPHS Commissioned Corps.
  - d. Any officer's eligibility for travel and/or transportation benefits while teleworking will follow the [Joint Travel Regulations](#) (JTR).
2. **Remote Work.** Unlike telework, which does not change an officer's PDS on official personnel orders, remote work is a workplace flexibility allowing an officer to work at an approved remote worksite, with no expectation to report to the agency worksite on a regular and recurring basis.
- a. All remote work is 100% remote.
  - b. An officer may apply for a position that an HHS OPDIV/STAFFDIV or non-HHS organization state will be 100% remote.
  - c. The approved remote worksite can be an agency address, a non-agency government address, or the officer's home address.
  - d. An officer who requests and obtains authorization from their agency to work remotely must obtain a PCS order (PHS-1662) from the Separations & Assignments Branch, CCHQ authorizing the transfer to the non-agency worksite. The personnel order must be accompanied by a signed remote work agreement. For telework/remote work written agreement requirements, refer to CCI 313.01, "Telework and Remote Work."

For additional information and detail regarding telework/remote work, refer to: [CCI 313.01](#), "Telework and Remote Work."

## Temporary Duty Assignments (TDY)

PHS officers may be given a temporary duty (TDY) assignment (not virtual), for a period not to exceed 179 days, away from their Permanent Duty Station (PDS) to perform specific duties (e.g., duties benefiting an HHS OPDIV/STAFFDIV/non-HHS organization) for a defined period. Upon completion of their TDY assignment, they may return to their previous PDS or proceed to a new one. The Approving Official (AO) must approve all TDY travel. TDY travel requires:

- 1. A travel authorization to perform TDY travel, and if applicable, to incur PCS expenses. The authorization directs travel to, from, or between official points and serves as permission for a trip and associated reimbursements. Officers may not incur travel expenses until the AO has approved a travel authorization. Travel authorizations for a TDY originate typically with the agency (not CCHQ) where the officer will perform the TDY.
- 2. Officers must have an official travel authorization to document when any of the following occurs:
  - a. When TDY is being performed enroute to a new duty station;
  - b. When an officer will be moving out of government quarters during the TDY assignment;
  - c. When the officer will be paid under a different fiscal appropriation or Common Accounting Number (CAN) for 30 days or more; or

- d. When an officer is performing an international TDY.

For additional information on TDY travel, refer to: [Defense Travel](#) website and [Travel and Transportation](#) on CCMIS.

### **Death of a PHS Officer**

1. When a supervisor is notified that an officer under their authority has died, they should contact the HHS-OPDIV/STAFFDIV/non-HHS organization LNO immediately. If the supervisor cannot contact the LNO in a timely manner, they should then immediately contact one of the Survivor Assistance Officers (SAO), CCHQ at: (240) 453-6000 or via email at: [PHSCCSeparations@hhs.gov](mailto:PHSCCSeparations@hhs.gov).
2. The individual reporting the death of an active-duty officer to the LNO or SAO should provide as much information as is available at the time initial notification is made. This information should include as many of the following as possible:
  - a. The identity of the deceased officer;
  - b. The officer's SERNO number;
  - c. A copy of the death certificate;
  - d. The name of next-of-kin, relationship, address, and telephone number;
  - e. Time, date, and place of death;
  - f. The full circumstances of death;
  - g. The funeral arrangements (i.e., name and address of funeral; time/place of funeral services and burial); and
  - h. The HHS-OPDIV/STAFFDIV/non-HHS organization to which the officer was assigned.
3. The deceased officer's LNO and the program management for the HHS-OPDIV/STAFFDIV or non-HHS organization to which the deceased officer was assigned should work closely with the SAO to ensure prompt response to the needs of the deceased officer's family.
4. Survivor entitlements and services for a family of a deceased active-duty officer include a death gratuity. Other survivor entitlements include, but are not limited, to the following:
  - a. Preparation of the remains; including cremation 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 their selection;
  - f. Shipment of a family's household goods and personal effects to the home of selection;
  - g. Unpaid pay and annual leave; and, in some instances,
  - h. Non-temporary storage of HHG.

5. The LNO ensures the officer's HHS-OPDIV/STAFFDIV/non-HHS organization will provide, and reimburse where appropriate, the following services to the family:
  - a. Preparation of all travel orders and vouchers connected with burial and subsequent relocation of the family; and
  - b. Designation of an individual to represent the USPHS Commissioned Corps at the funeral if the family requests it.

For additional information on death of an officer, refer to: [CCI 383.01](#), "Death of an Active Duty Officer."