By Order of the Surgeon General of the U.S. Public Health Service:

VADM Vivek H. Murthy, M.D., M.B.A.

TO: All Officers on Extended Active Duty

SUBJECT: 2016 Annual COER

1. This Personnel Operations Memorandum (POM) establishes the guidelines for the 2016 Commissioned Officers’ Effectiveness Report (COER) in accordance with Commissioned Corps Instruction CCI351.01, “Commissioned Officers’ Effectiveness Report,” and Personnel Policy Memorandum (PPM) 07-016, “Annual COER.”

2. The 2016 Annual COER rating period extends from 1 October 2015 to 30 September 2016. The following deadlines are in effect, unless otherwise posted on the CCMIS website:
   a. Online Annual COER is available to officers on 18 November 2016;
   b. Online Annual COER is due to the Rater by 30 November 2016;
   c. Online Annual COER is due to the Reviewing Official (RO) by 21 December 2016; and
   d. Online or paper Annual COER is due to the Division of Commissioned Corps Personnel and Readiness (DCCPR) by 18 January 2017.
   e. The online COER will be disabled on 3 February 2017.


4. Officers on extended active duty prior to 1 July 2016 are required to complete the 2016 Annual COER.
   a. Those listed in CCI351.01, Section 6-2, are not required to have an Annual COER (e.g., officers called to extended active duty on or after 1 July 2016 and officers who have separated or retired prior to 1 July 2016 are not required to have a 2016 Annual COER).
b. An evaluation that covers any period starting prior to 1 July 2016 and ending 30 September 2016 may serve as the officer’s Annual COER (in some circumstances a paper version of the COER may be used for this COER. Contact the Agency Liaison for guidance).

c. If an officer or Rater transfers or retires on or after 1 July 2016, but before 1 October 2016, the officer must complete a prescribed paper version of the COER form that covers the period through the transfer/retirement. The paper version will serve as the officer’s 2016 Annual COER.

5. Each officer is responsible for:

a. Ensuring that his/her Annual COER is assigned and transmitted to the Rater and RO by the prescribed deadlines, as well as the overall completion and submission of the COER to DCCPR. If the COER is not submitted to DCCPR in accordance with the above dates, it may nullify or delay promotions, awards, details, or special pays.

   (1) In the event the officer is unable to submit the COER by the prescribed deadlines, the officer is responsible to arrange an alternative deadline with the Rater and RO which complies with the above final completion deadline.

   (2) In the event the COER cannot be completed online because the system is no longer available, the COER must be submitted to DCCPR through the officer’s Commissioned Corps Liaison on the prescribed paper version of the COER form.

b. Reviewing the ratings and comments and discussing them with the Rater or RO, as applicable, if there are any questions or concerns.

c. Ensuring that the completed COER is visible in their electronic Official Personnel Folder (eOPF) by opening and reviewing each individual page of the archived COER.

d. Ensuring the COER scores are available in their Promotion Information Report (PIR).

6. In the event an officer fails to release the COER to their Rater with sufficient time to allow completion of the COER by 18 January 2017, the Rater shall initiate the 2016 Annual COER on the prescribed paper version COER form.

7. Rebuttals and Other Rights.

a. If an officer does not agree with a rating or comment on the COER, the officer may submit a rebuttal in accordance with guidance issued by DCCPR.

   (1) A rebuttal must be submitted to DCCPR within 90 days of the Archive Date of the corresponding COER in the eOPF. Rebuttals received more than 90 days after the Archive Date of the corresponding COER will not be accepted by DCCPR.

   (2) A rebuttal does not substitute as a remedy for a formal complaint or other rights of due process.
(3) DCCPR will not act on a rebuttal to adjudicate the statements made or pursue remedy. DCCPR will review the rebuttal to ensure it meets the guidance issued by DCCPR. If guidelines are met, DCCPR will include the rebuttal in the eOPF adjacent to the associated COER.

(4) Either the Rater or RO may respond to an officer’s rebuttal separately or through one combined response. The Rater and RO have 60 days from the Archive Date of the officer’s rebuttal to submit their response.

b. The officer may seek redress if informal attempts are unsuccessful by filing a formal complaint in accordance with CCI211.04, “Complaints and Redress.”

c. If the officer believes that he/she has been subjected to discrimination, an Equal Opportunity (EO) complaint may be filed in accordance with CCI211.03, “Equal Opportunity: Discrimination Complaints Processing.”

d. If the officer is not satisfied with the outcome of a formal complaint filed in compliance with CCI211.04 or CCI211.03, the officer may apply for relief through the Board for Correction of Public Health Service Records in accordance with CCI394.01. Failure to initiate a complaint for redress or failure to complete/initiate other available administrative remedies shall be construed as the officer relinquishing their right to proceed with an application to the Board for Correction.

8. Performance Management Appraisal Program (PMAP). PMAPs are utilized Department-wide for civilian employees in accordance with the Government Performance Results Act (GPRA), the President’s Management Agenda, and other Federal performance initiatives. The Corps does not require its officers to have a PMAP. However, organizations to which officers are assigned may require the officer to have a PMAP or a similar performance evaluation document completed. When officers are required to have such documents by the organization to which they are assigned, it is for that Operating/Staff Division or non-HHS organization’s internal use only. These documents will not be placed in the eOPF. The Annual COER remains the required performance evaluation instrument for the officer.

Note: A Performance Improvement Plan (PIP) is distinct from a PMAP and is authorized for use in cases of unsatisfactory or marginal performance.

9. The Director, DCCPR, or designee, may issue additional guidance and/or instructions to implement the COER program.

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Surgeon General