

# 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) 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, Commissioned Corps Liaisons, mentors) will find this pamphlet useful.

CCPM Pamphlet No. 58 references the practices, policies, regulations, and laws that pertain to PHSPHS officers' personnel management; however, it is not a policy, nor does it have the force of law. Rather, it is a brief 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. 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).

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## Introduction

This pamphlet provides supervisors with the tools they need to effectively manage, supervise, and advise PHS officers. It is a living document and will be updated as needed to reflect changes in Corps policy. In addition, it provides a brief history of the Corps, and explains its mission, values, function, and organization. The document is organized by the phases of a PHS officers' career life cycle as follows: Call to Active Duty (CAD) and Initial Entry into the Corps; Career Progression and Development; and Separation and/or Retirement from the Corps. The document closes 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 an elite team of highly trained health professionals. It was born in 1798 when President John Adams signed into law the "Act for the Relief of Sick and Disabled Seamen." This Act set up an "insurance system" for the care of ill merchant marines. A year later, Congress extended the act to include the care of sailors in the U.S. Navy. The Act led to the creation of the Marine Hospital Service Corps, the precursor of the USPHS Commissioned Corps. Congress formalized the USPHS Commissioned Corps along military lines in 1889. Because the Corps originated as a sea service (merchant marines and U.S. Navy), officers in the Corps wear a variant of the U.S. Navy uniform and follow the Navy rank structure.

Today, PHS officers serve in operating divisions (ODIV) 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 visit: <https://www.usphs.gov/about-us>.

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

The USPHS Commissioned Corps' mission 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 the USPHS Commissioned Corps' 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. In addition to 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 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 either the Navy's commissioned hospital ships, the USNS Mercy or USNS.

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 in the aftermath of the destruction of the World Trade Center. In addition, PHS officers have proudly and proficiently rendered expert care to those affected by the Ebola Outbreak of 2014-2016 for which the USPHS Commissioned Corps was awarded the Presidential Unit Citation, the Zika Virus Outbreak of 2015-2016, and COVID-19 in 2020-2021.

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

1. **Regular Corps.** The Regular Corps is comprised of all-officer, 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 Ready Reserve Corps is an active component to the Regular Corps maintained and comprised of health professionals. They are available on short notice to assist regular Commissioned Corps personnel

with routine public health and emergency response missions, duties, or assignments. Additionally, RRC officers may augment RC officers 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. In time of war, or of emergency involving the national defense, the President may by Executive Order, declare the USPHS Commissioned Corps, which includes the RRC, to be a military service.

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.”

## 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 PHS officers will obey all rules, regulations, policies, guidance, standards of conduct, and established procedures for the USPHS Commissioned Corps, as well as for any Department, Operating Division, Staff Division, 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 uniformed service.
2. All officers in the USPHS Commissioned Corps, while on active duty, must adhere to the general duty requirements:
  - a. *Professional Competence.* All officers must maintain competence, including licensure, and demonstrate progression in the profession that qualifies 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 ASH, absent a waiver under policy established by the ASH. (see [CCD 121.02](#), Deployment Readiness; [CCI 241.01](#), Readiness and Duty Requirements;” and [CCI 241.02](#), “Deployment of Corps 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) An HHS OPDIV/STAFFDIV/non-HHS organization’s Drug-Free Workplace Program plan includes provisions for random drug testing of designated sensitive positions as well as testing for reasonable suspicion, accidents or unsafe practices, and treatment follow up, plus voluntary testing and applicant testing; and
    - (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 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. All officers must 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 they are members of a uniformed service, PHS officers are not members of the U.S. Armed Forces. PHS officers are not subject to the Uniform Code of Military Justice (UCMJ) except when officers are detailed for duty to the armed forces. However, if the President has declared a national emergency, he/she can designate the USPHS Commissioned Corps, a military service; while in this military status, all officers must follow the UCMJ.

The USPHS Commissioned Corps is centrally administered by the 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. **Office of the Director.** The Immediate Office of the Director is responsible for the overall leadership, management, and functions of CCHQ.
  - a. *Adverse and Disciplinary Actions Officer (ADAO).* The ADAO is responsible for processing disciplinary actions and coordinating disciplinary board processes.
  - b. *Liaison Coordinator.* The Liaison Coordinator is responsible for coordinating activities of the Commissioned Corps Liaisons.
2. **Office of the Chief Information Officer (OCIO).** OCIO manages and supports the USPHS Commissioned Corps’ Human Resource Information Technology Systems. OCIO is also responsible for certifying and transmitting the USPHS Commissioned Corps’ payroll data to the U.S. Treasury and other third parties. OCIO oversees the IT Contracts, Budget, Development and Modernization, Operations and Maintenance, Cyber-Security and Helpdesk, as part of its support of day-to-day activities for the mission of the USPHS Commissioned Corps.
3. **Division of USPHS Commissioned Corps Services**
  - a. *Recruitment and Assignments Branch.* The recruitment and assignments branch 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.

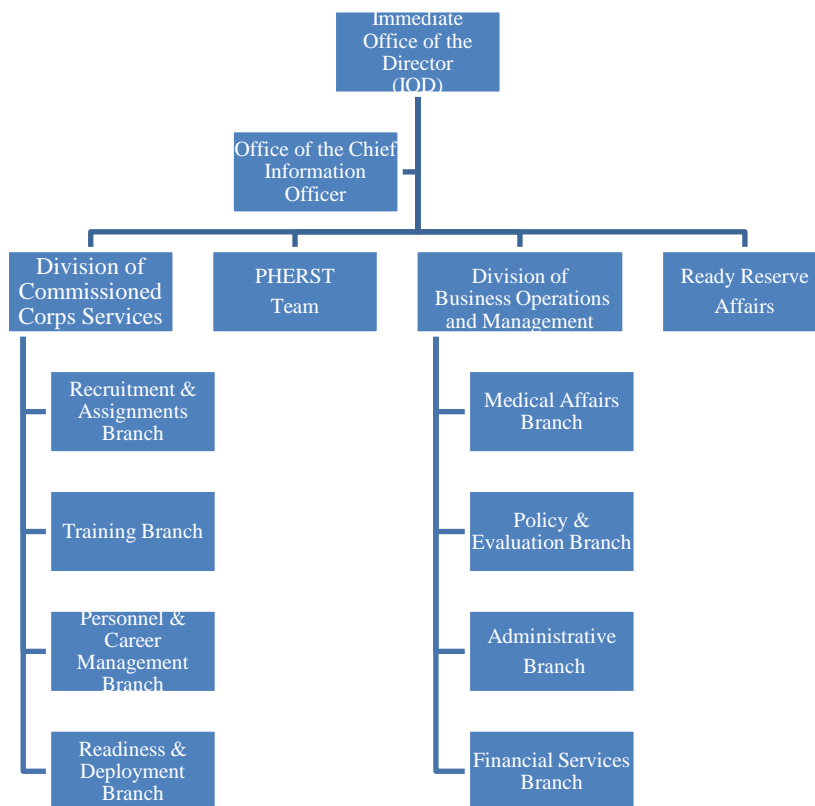
- b. *Personnel and Career Management Branch.* The personnel and career management branch provides officer support and is responsible for non-disciplinary boards, noncompetitive and competitive promotions, Commissioned Officer Effectiveness Reports (COER), the electronic Official Personnel Folder (eOPF), Leave, Licensure, Transcripts, Credentials, Awards, Defense Enrollment Eligibility Reporting System (DEERS), and Montgomery and Post 9/11 GI Bill and Educational Benefits.
- c. *Training Branch.* The training branch 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.
- d. *Readiness and Deployment Branch.* The Readiness and Deployment Branch (RDB) is responsible for managing all USPHS Commissioned Corps response and recovery operations during natural or manufactured disasters within the U.S. and abroad. Corps Care is a component of RDB:
  - (1) Corps Care - The Corps Care program provides guidance and support to 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.

### 3. **Division of Business Operations and Management**

- a. *Medical Affairs Branch.* The Medical Affairs Branch (MAB) is responsible for monitoring the health status of all officers, maintaining officers' health records, and for 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.* The Administrative Services Branch 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.* The Policy and Evaluation Branch develops and maintains all policy issuances and directives related to USPHS Commissioned Corps operations, personnel, training, readiness, deployment, promotion, and retirement. It also maintains liaisons with the Office of the Secretary, other uniformed services, and the Department of Veterans Affairs with regard to PHS officer entitlements, benefits, pay and travel.
- d. *Financial Services Branch.* The Financial Services Branch manages all USPHS Commissioned Corps budget, payroll, and billing operations.



## Commissioned Corps Headquarters 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):

### 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, and standards contained in e-CCIS. The types of documents housed in e-CCIS are:

- a. *USPHS Commissioned Corps Directives (CCDs or Directives)*. 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.
- b. *USPHS Commissioned Corps Instructions (CCIs or Instructions)*. 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(s) (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 USPHS Commissioned Corps. The ASH issues PPMs, which have the full force and effect of CCIs. Under the direction of the ASH, the Director, CCHQ, may make technical corrections to CCIs and PPMs.
- d. *Personnel Operations Memorandum(s) (POM)*. POMs set forth operational guidance from the OSG.
- e. *Commissioned Corps Pamphlets (PAMs or Pamphlets)*. 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 officer. 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 Liaisons*. Liaisons are the primary point of contact for USPHS Commissioned Corps related matters within an agency; agencies select their agency USPHS Commissioned Corps Liaisons. These PHS officers and civilians serve as liaisons between their respective organizations and OSG/CCHQ. They provide management, oversight and consultative services to their Agency components, leaders, hiring managers, supervisors, and PHS officers on various Agency 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 [Commissioned Corps Liaison List](#) may be found on CCMIS.
  - (2) *Chief Professional Officers (CPO)*. In general, 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.
  - (3) *Professional Advisory Committees (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.
  - (4) *Human Resources (HR) Specialists*. In some agencies, HR specialists process personnel actions and other administrative tasks for PHS officers assigned to their programs.

## **Where PHS Officers Are Assigned**

The USPHS Commissioned Corps assigns officers to public health agencies in HHS and other federal agencies, 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 includes:

### **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 (agencies) designated 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)
- 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	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>	Assistant Secretary for Health	ASH	Admiral	ADM
<b>O-9</b>	Surgeon General	SG	Vice Admiral	VADM
<b>O-8</b>	Deputy Surgeon General/ Assistant Surgeon General	DSG ASG	Rear Admiral	RADM
<b>O-7</b>	Assistant Surgeon General	ASG	Rear Admiral (Lower Half)	RADM
<b>Other Grades</b>				
<b>O-6</b>	Director Grade	DIR	Captain	CAPT
<b>O-5</b>	Senior Grade	SR	Commander	CDR
<b>O-4</b>	Full Grade	O	Lieutenant Commander	LCDR
<b>O-3</b>	Senior Assistant Grade	SA	Lieutenant	LT
<b>O-2</b>	Assistant Grade	A	Lieutenant Junior Grade	LTJG
<b>O-1</b>	Junior Assistant Grade	JA	Ensign	ENS

**Professional Categories of PHS Officers**

The USPHS Commissioned Corps consists almost entirely of health professionals or professionals in public health-related disciplines. All officers are placed in one of the following 11 professional categories, depending upon their qualifying degrees:

**Table B**

Category Abbreviations and Codes

Category	Category Abbreviation	Category Code
Medical	MED	01
Dental	DENT	02
Nurse	NURSE	03
Engineer	ENG	04
Scientist	SCIEN	05
Environmental Health	ENV	06
Veterinary	VET	07
Pharmacist	PHARM	08
Dietitian	DIET	09
Therapist	THER	10
Health Services	HSO	11

## Call to Active Duty and Initial Entry into the USPHS Commissioned Corps

### 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. 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 8 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; and
- Meet suitability, professional, medical and security requirements.

The process of becoming a PHS officer may take up to a year and the USPHS Commissioned Corps does not make its application materials available online. Additional information on how to apply to the USPHS Commissioned Corps and the general duty applications process can be found on the [USPHS](#) website.

#### b. Additional Requirements

Once applicants have completed an application, submitted any further required documentation, successfully completed the professional and medical boards, and passed the security review, the USPHS Commissioned Corps submits their names for presidential nomination. Candidates who exceed the maximum age or prior active duty service time need to obtain waivers based on the needs of the USPHS Commissioned Corps. After the presidential nomination list is approved and officers secure a position with an HHS or non-HHS federal agency, the USPHS Commissioned Corps will extend an offer of commissioning. Once the applicant accepts the offer, the USPHS Commissioned Corps will issue official orders and the officer will be called to active duty.

Prior to reporting to the agency, officers must complete the mandatory two-week Officer Basic Course (OBC) prior to or within 90 days of reporting to their initial duty station. OBC provides an orientation to HHS, the USPHS Commissioned Corps, and life in the uniformed services. In rare circumstances, the SG may waive attendance at OBC on CAD for up to 180 days. Officers who fail to successfully complete OBC may have their commissions terminated by the SG, through the Director, CCHQ. For further information, refer to [CCI 325.05](#), "Officer Development Training."

- **Probationary Period**

Officers called to active duty are appointed to the Regular Corps and shall serve probationary period consisting of the first 36 months of any tour of duty. During this probation, 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 their agency Liaison or CCHQ. At any time during the 36 month probationary period, the USPHS Commissioned Corps may summarily terminate the commission of the 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 for any lawful reason. In certain cases,

the 36-month probationary period may be extended when an investigation has been initiated on an officer during the probationary period. In such cases, an extended probationary period will end within 90 days of completion of the investigation; in no case shall it extend beyond four years in accordance with [CCD 123.01](#), “Involuntary Separation.”

## Career Progression and Development

The USPHS Commissioned Corps requires PHS officers to show career progression and development in their successive assignments that demonstrate increasing levels of responsibility and leadership. Each officer is responsible for his or her own career development; therefore, an officer’s career path should include a series of specific assignments that demonstrate increasing responsibility and professional growth. Additionally, officer participation in collateral duties and process improvement and development of in-depth knowledge in a particular or specialized area are also important in career progression and development while contributing to the HHS OPDIV/STAFFDIV/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 be successful in their chosen career tracks. For specific guidance regarding applying for and availability of professional growth and development opportunities, please refer to: [CCI 325.01](#), “Extramural Training;” [CCI 325.02](#), “Intramural Residency Training Programs;” [CCI 325.03](#), “Extramural Training Obligation;” [CCI 325.04](#), “Professional Growth and Development;” and [CCI 325.05](#), “Officer Development Training.”

## Career Tracks

A career track is a grouping of job-related positions into a sequence that requires increasing levels of responsibilities. The USPHS Commissioned Corps expects officers to progress from a novice level to an expert level of skills, knowledge, and abilities through the course of their professional career. USPHS Commissioned Corps career tracks are: Clinical/Clinical Management, Epidemiology/Public Health Practice, International Health, Program Management, Regulatory Affairs, and Research (see [CCI 325.04](#)). Officers may be able to progress and advance within one or more of these career tracks over the course of their careers.

## 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 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 2-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 Government. Generally, 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 agency’s Liaison 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.”

## Non-HHS Agency Return to Service

A PHS officer detailed to a non-departmental or non-HHS agency, pursuant to a MOU/MOA, may be returned to HHS if it has been determined by the supervisor, program manager, or the Director, CCHQ, that it would be in the best interest of the Government to remove that officer from duty. An agency may return an officer to HHS without the officer’s consent, for a variety of reasons that include: 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 non-HHS agency Liaison 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 agency’s decision to return PHS officers to CCHQ.

HHS strives to provide quality officers to staff non-HHS agencies. As such, the non-HHS agency Liaisons and the Director, CCHQ or designee, and appropriate personnel, will hold a meeting if the same non-HHS agency makes more than five return requests within a calendar year in order to assess and remedy identified causes for these returns. For further 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.”

## Position Descriptions

1. Position descriptions describe a job’s major duties, responsibilities, and requirements. PHS officer billets have civil service or GS equivalents as shown below in Table C.

**Table C**

Civil Service/USPHS Commissioned Corps Grade Equivalents

<b>Civil Service Grades (General Schedule/Senior Executive Service)</b>	<b>Commissioned PHS officer Grades</b>	<b>Billet Total Score</b>
GS-7	O-2	Ensign
GS-9/11	O-3	Lieutenant
GS-12	O-4	Lieutenant Commander
GS-13	O-5	Commander
GS-14/15	O-6	Captain
SES LEVEL V	O-7	Rear Admiral (Lower Half)
SES LEVEL VI	O-8	Rear Admiral
SES LEVEL VII	O-9	Vice Admiral
SES LEVEL VIII	O-10	Admiral

2. These duties and responsibilities must be documented on Form [PHS-4392](#), “Position Description.”
3. Most officers engaged in clinical activities or specific category activities are in a category (or clinical) specific standard position. The USPHS Commissioned Corps has implemented category specific standard positions for each of the 11 professional categories.
4. 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 his/her position unless the new duties are documented through a travel authorization or travel order, memorandum of assignment, billet/position addendum, or some other written document, or the officer’s position description states “other duties as assigned.” Only substantial additional duties need to be

added to a position via a billet/position addendum or memorandum. In addition, documentation should specifically show an official's determination that the task supports the agency's authorized activities and is not prohibited by law or agency policy and is considered to be a part of the officers' official duties, provided the official has the authority to approve these duties described in the memorandum, billet addendum, etc. Failure to document these new additional duties leaves the officer unprotected in the event he or she is injured performing these duties or in the event a legal claim is made against him or her (e.g., malpractice suit) due to those duties performed.

- **Federal Tort Claims Act (FTCA).** Generally, the FTCA shields federal employees from being held personally liable for civil claims for injury or loss of property, or personal injury or death caused by their negligent or 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. Because the USPHS Commissioned Corps grade structure is based on a rank-in-officer as opposed to a rank in position concept, the position grade does not need to correspond directly to the grade held by the PHS officer filling the position.
6. The USPHS Commissioned Corps expects that PHS officers promoted to a pay grade higher than their current position grade seek a reassignment to a position graded at least at their new pay grade.

For additional information regarding the position grading system and the legal protection of PHS officers provided by the Government, refer respectively: [POM 12-004](#), "Position Grading Classification System" and [CCI 261.01](#), "Defense Liability."

## Conversion from Civil Service to the USPHS Commissioned Corps

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. 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.b. in "Where PHS Officers Are Assigned" of this Guide for the eight designated PHS agencies) in professional positions (i.e., positions normally classified at two-grade intervals under the General Schedule (GS) pay system) at grade levels GS-9 and above including Senior Executive Service level positions. Employment must:

1. Be a full-time position;
2. Be filled by an officer of same or similar profession if the position were occupied by a PHS officer;
3. Utilize the individual's qualifying degree (an individual who converts from a civil service position to the USPHS Commissioned Corps in same position meets this criterion); and
4. Meet any additional criteria established by the SG in a POM.

In addition, after meeting the general appointment criteria of the USPHS Commissioned Corps, civil service employees are 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). In order 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 PHS officers are assigned, unless the individual did not:

1. Previously qualify for an appointment to the USPHS Commissioned Corps and obtains additional education to qualify for an appointment to the USPHS Commissioned Corps; or
2. Hold the civil service appointment when the application was submitted to the USPHS Commissioned Corps.

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



## Temporary Duty Assignments

PHS officers may be given a temporary duty (TDY) assignment, 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 of time and upon completion of assignment, return to their previous or proceed to a new PDS. The Approving Official (AO) must approve all TDY travel. TDY travel requires:

1. A travel authorization. Travel authorizations are the official 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 do not originate from CCHQ.
2. Officers must have a travel authorization to document when any of the following occurs:
  - a. When TDY is being performed en-route 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.

Additional information regarding TDY travel is available at <http://www.defensetravel.dod.mil/Docs/perdiem/JTR.pdf> and [Travel and Transportation](#) on CCMIS.

## Health Professions Special Pay (HPSP)

HPSP is designed to incentivize officers to remain on active duty and to compensate officers for training or skills, which required additional education, and are necessary to accomplish the mission of the USPHS Commissioned Corps. Offering incentives such as HPSP assists in retaining professionals with critical experience and training. It is an officer's responsibility to determine which compensation package is best suited for their particular situation.

By signing an HPSP agreements and accepting the payment of HPSP, PHS officers are voluntarily agreeing to remain on active duty as a PHS 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.

### Types of HPSP Agreements

The following HPSP agreements are currently authorized for PHS officers:

1. *Board Certification Incentive Pay (BCIP)* - A special pay authorized for a PHS 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 specified specialty board with the BCIP agreement.
2. *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. Documentation of the specialty training or board certification must be submitted with the IP agreement if the specialty is not a qualifying degree.
3. *Retention Bonus (RB)* - A multi-year agreement with an active duty service obligation for 2, 3, or 4 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 authorized as an annual lump sum amount paid at the beginning of each of the installment years. Documentation of the specialty training or board certification must be submitted with the RB agreement if the specialty is not a qualifying degree. If submitting both the RB and the IP together, only one set of documentation should be included.

4. *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 4 years for select health professionals listed under the HPSP Pay Schedule to incentivize those 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 RB concurrently with AB or CWS-AB. An officer can receive IP and BCIP with AB or CWS-AB.

### **HPSP Eligibility Criteria**

1. Be entitled to basic pay under [37 U.S.C. §204](#).
2. Be under a call to active duty in the Regular Corps for a period of not less than 1 year.
3. Be serving in a designated health profession specialty or skill and:
  - a. Have a performance rating of satisfactory on the most recent annual COER ([CCI 351.01](#)).
  - b. Must not have any active or pending administrative or disciplinary actions ([CCD 111.02](#); [CCI 211.07](#)).
  - c. Maintain Conditions of Service ([CCD 111.03](#)).
  - d. Have a Current Unrestricted License ([CCI 251.01](#)).
  - e. Agree to a period of Obligated Active Duty Service (as defined in the HPSP Agreement).

### **Supervisory Approval**

HPSP agreement must be submitted to the immediate supervisor. Supervisors must sign and return the agreement to the officer who forwards the agreement to the agency Liaison.

### **Personnel Orders**

If an HPSP agreement is approved, personnel orders to the officer will be issued 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 within 90 days after 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;” [POM 821.70](#), “HPSP Submission, Effective Dates, and Subspecialty Rates;” and [POM 821.79](#), “Assignment Pay Locations, Rates, and Agreements.”

## **Performance Evaluations**

### **Commissioned Officers Effectiveness Report (COER)**

1. The USPHS Commissioned Corps requires the COER in order to evaluate officers. It is the major source of information concerning each officer’s Service performance and work record, providing a continuing, record of an officer’s assignments, duties, proficiencies, and other elements. An officer’s direct supervisor will serve as the Rater. He or she will evaluate an officer on the following in relation to the needs of an Officers position:
  - a. Leadership
  - b. Initiative and Growth
  - c. Interpersonal Skills
  - d. Planning
  - e. Professional Competencies
  - f. Analysis, Judgement and Decision Making
  - g. Overall Effectiveness

2. The COER reporting cycle begins on 1 October and ends on 30 September of the following year. Refer to [CCI351.01](#), "Commissioned Officer's Effectiveness Report," [POM 821.7](#), "Annual COER," and COER Information on [CCMIS](#). Evaluation tools used for civilians (e.g., PMAP) are not official evaluation tools for PHS officers.
3. The USPHS Commissioned Corps evaluates officers annually on their performance and effectiveness as required by the COER. Supervisors/Rater should review and discuss the officer's performance with the officer on an ongoing basis throughout the evaluation year. Officers should fully understand their performance expectations at the beginning of the annual evaluation period. Supervisors/Rater also should take the initiative to advise officers of any deficiencies in their performance as soon as they arise and counsel the officer appropriately. There should be no surprises with the COER. Supervisors/Rater should conduct a mid-year performance review with the officer. However, no correspondence should be submitted through the COER application.
4. The USPHS Commissioned Corps requires an annual COER for all officers on extended active duty except: officers called to active duty after 1 April of the Evaluation Year and officers retiring prior to 1 April of the Evaluation Year. The Memorandum of Agreement (MOA) should determine how an officer detailed to non-HHS organizations will be evaluated.
5. An officer shall be responsible for initiating the Annual COER submission process, submitting the COER to their Supervisor/Rater within the specified time frame, and signing the COER even if there is non-concurrence.
6. 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. Missing COERs will delay or nullify promotions, awards, details, or special pays and potentially affect retention in the USPHS Commissioned Corps as an officer.
7. If an officer does not agree with a rating or comment on the COER, the officer may submit, through the online system:
  - 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. The agency Liaison has the option of approving the rebuttal or rejecting it. Once the liaison 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. The Rater and 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. *Redress* - An officer who believes he/she was 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.
8. The agency Liaison is responsible for:
  - Monitoring the status of the COER for all officers within their HHS OPDIV/STASFFDIV or non-HHS organization;
  - Assigning the most appropriate rater and/or reviewing official if, due to unique operational circumstances, the online COER system is unable to determine the correct rater or reviewing official from its database;
  - Verifying the completeness of COER submissions under their jurisdiction; and
  - Ensuring the punctual return of COER submissions to CCHQ. Agency Liaisons may make follow-up inquiries with officers, Raters, and ROs for COERs that are not submitted in a timely manner.
9. The completed COER is automatically sent to the eOPF after the agency Liaison completes the review.

10. For all types of promotion, failure to have the required annual COERs on file will result in removal from the promotion pool at the end of the Promotion Board review, regardless of score and ranking.

For additional information on the COER and officer rights, refer to: [CCI 351.01](#), “COER”; [POM 821.73](#), “Annual COER”; 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 an 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 covers a period of at least 6 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 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 agency), and should contact the agency Liaison 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 of time 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 and covers a period of less than 6 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, 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, promotion, or filling in gaps in the evaluation period caused by a change in the officer’s rater (such as for transfers, separations, and retirements). Additionally, Raters may initiate an interim COER to document performance for the purposes of remedial or disciplinary action without consent of the officer. Overall performance (satisfactory, marginal, or unsatisfactory) is chosen by the rater 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, rater, reviewing official, and agency Liaison. It contains administrative data such as time period covered in the evaluation, officer’s billet, 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.* Section 3 is required for annual COERs and optional for interim COERs. It is to be completed by raters; raters should complete Section 3 for interim COERs if they feel they have had sufficient

time to rate the officer in the 8 performance attributes. In the event an officer's annual COER is less than 6 months, Section 3 is optional. The rater will choose a score from 1 to 7 and provide a comment or example justifying the score for each performance attribute. It is recommended the Supervisor/Rater to confer with the RO prior to delivery of the COER to the officer being rated, in order 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)*. Section 4 is required for annual COERs if the officer is up for promotion and recommended but not required for officers who are not up for promotion. Section 4 is not completed on interim COERs. It is to be completed by reviewing officials, and they should assess the officer on promotion readiness, leadership, and contributions to the mission of the agency. 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 Rater throughout the evaluation year (01 October to 30 September) should not begin their annual COER until after the evaluation year is over on 30 September. As an example, for the evaluation year beginning 01 October 2019 to 30 September 2020, officers should not begin the annual COER until after 01 October 2020. The deadlines for each step of the annual COER process will be established by the most recent annual COER POM.
2. If the officers' 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 rater change, he/she may complete the COER up to a month in advance of the change actually occurring. Additionally, officers may begin their COER up to 1 month before the rater changes. Examples of rater changes include transfers, separations, and retirements of either the officer or the officer's rater.

### **Promotions**

1. The USPHS Commissioned Corps posts competitive temporary and permanent promotion eligibility each year. Officers do not apply for promotion consideration, nor is it voluntary. If an officer meets eligibility requirements, the USPHS Commissioned Corps will review that officer for promotion, whether the file is prepared or not. The USPHS Commissioned Corps bases promotion eligibility on an officer's training and experience, time in service, and time in grade (rank). Eligibility dates are located in the Officer Secure Area (OSA), which is only available to officers. Officers must access the OSA, enter the eOPF and select "view PIR," or Promotion Information Report. The PIR is a succinct, "real-time" summary of an officer's information, as documented in CCHQ's data system. The promotion board uses the PIR to obtain an overview of an officer's career in the USPHS Commissioned Corps. The USPHS Commissioned Corps strongly encourages officers to review their PIR to ensure that all information is accurate. The PIR information includes:
  - General dates
  - Current billet title and position grade
  - Creditable service toward retirement (including military and creditable civil service time)
  - Awards authorized for wear on the uniform (USPHS Commissioned Corps and military)
  - COER ratings for the last 5 years, and
  - Readiness information
2. An officer's grade is separate from the grade of the position he/she occupies. Officers may simultaneously hold two grades: a permanent grade and a temporary grade. An officer's temporary grade usually is higher than the permanent grade. Annual Temporary Promotion Boards (TPBs) measure the capabilities and performances of officers for promotion to the next higher temporary grade by using documentation in each officer's eOPF.
3. The USPHS Commissioned Corps pays officers at the rate authorized for their highest grade. In the event the USPHS Commissioned Corps reduces an officer's rank as a result of disciplinary or other action, they generally drop the rank to the officer's permanent grade.

4. Promotion boards convene each spring (typically from February to May) to consider all officers who are eligible for promotion from July 1<sup>st</sup> to that year through June 30<sup>th</sup> of the following year. Each professional category has a separate promotion board, which is usually comprised of five officers in the respective professional category who hold the temporary O6/CAPT grade. Promotion boards review a static view of eOPFs for all eligible officers and then make a recommendation for or against the promotion of each officer, assign a numerical score to each candidate, and present a rank-ordered list for promotion for each grade reviewed.
  - a. **Annual Temporary Promotion Boards (ATPBs).** ATPBs measure the capabilities and performances of officers for promotion to the next higher temporary grade using documentation in each officer’s eOPF. Administrative requirements for temporary promotion include:
    - (1) A current, satisfactory COER (overall score of S);
    - (2) No missing COERS in the last five years;
    - (3) Valid license, if required, on file in the eOPF;
    - (4) No current or pending adverse or disciplinary actions; and
    - (5) A record showing they meet and maintain force readiness for the USPHS Commissioned Corps.
  - b. **Annual Permanent Promotion Boards (APPBs).** APPB is a board convened to examine Regular PHS officers serving on extended active duty for permanent promotion to the next higher grade. The administrative requirements for permanent promotion are the same as for the temporary.
5. Not every officer who is recommended for promotion is promoted. The promotion board establishes a cut-off score on the rank-ordered list based on the promotion success rates that are determined annually by the ASH. The board considers officers above the cut-off score successful pending review of established administrative requirements. Generally, officers who fall below the cut-off score will be considered by the promotion board again the following year.
6. The USPHS Commissioned Corps does not consider an officer, who was recommended for promotion but not promoted because he or she was below the cut-off score, to have been “passed over” for promotion. Only officers who are not recommended for promotion are “passed over.” An officer who is not recommended for permanent promotion for two years in a row, or once for temporary promotion could be referred for further review for retention in the USPHS Commissioned Corps and may have the temporary grade revoked.
7. An HHS OPDIV/STAFFDIV or non-HHS organization may nominate officers who possess exceptional capabilities, and who meet certain requirements, for early temporary grade promotion consideration. This early promotion is known as as Exceptional Proficiency Promotion (EPP). Supervisors interested in pursuing this option should speak with the chain of command and contact the agency Liaison for additional information.

**Table D**  
Temporary Promotion Eligibility Criteria

<b>Eligible Grade</b>	<b>Training and Education (T&amp;E) Credit Required</b>	<b>Time In Service Requirement</b>	<b>Time in Grade Requirement During Current PHS Tour</b>
O-2	4 years	None	None
O-3	8 years	None	None

O-4	12 years	6 months on current tour as officer in the USPHS Commissioned Corps (as of 1 March of the year reviewed by the ATPB)	None
O-5	17 years	5 years (2 years must be as officer in the USPHS Commissioned Corps)	2 years as O-4
O-6	24 years	9 years (3 years must be as officer in the USPHS Commissioned Corps)	3 years as O-5

## Promotion Process

1. Supervisors play a critical role in the information used by the promotion boards. The USPHS Commissioned Corps encourages all supervisors to work closely with the agency Liaison who will provide details on deadlines and processes (see the [Commissioned Corps Liaison List](#) on CCMIS). This information includes:
  - a. COERs;
  - b. Awards (e.g., agency awards, PHS awards; letters of appreciation);
  - c. The ROS, which is the agency’s opportunity to provide direct input to promotion boards regarding the officer’s readiness for promotion, leadership attributes, and contribution to the agency’s mission. The ROS is now included in the annual online COER evaluation process; ROs submit a separate ROS only when an online COER cannot be completed. For example, an interim COER covering a period starting on or before 30 June 2020 and ending on or after 01 July 2020 becomes an annual COER. In this case, the electronic online COER is not necessary. If required to submit separately, it MUST be on the current year’s form; no other version will be accepted; and
  - d. Other information in the officer’s eOPF that reflects the officer’s performance, abilities, and assignments (e.g., CV, Officer Statement (OS), continuing education, Letters of Appreciation).
2. CCHQ notifies officers selected for promotion on the CCMIS website, followed by personnel orders. Promotions become official only when authorized by personnel orders.
3. The USPHS Commissioned Corps provides the Promotion Board Score Sheet and a copy of the PIR, viewed by the Board to each officers Confidential Section of their eOPF once promotion results are available.
4. PHS officers have an ongoing responsibility throughout his/her career to regularly seek appropriate career counseling from, among others, his/her mentor, supervisor, Professional Advisory Committee, USPHS Commissioned Corps Liaison, and/or CPO. Officers scoring in the bottom 25% (percent) of their grade and category are required to initiate and engage in career counseling with their Supervisor/Rater. Documentation of this counseling is completed on a [Report of Career Counseling Session Form A](#) and [Report of Career Counseling Session Form B](#). 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. 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 should be submitted using the Electronic Document Upload (eDOC-U) system in the OSA to your Electronic Official Personnel Folder (eOPF) for documentation in the Confidential Documents section of the officer’s eOPF. These documents are not visible to the Promotion Board members and are not considered during the promotion scoring.

For additional information on the USPHS Commissioned Corps promotion process, refer to: [CCI 322.01, “Temporary Promotions”](#) and the [Promotion Information](#) page on CCMIS. For additional assistance, contact the agency Liaison.

## 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 his or her performance.

1. Supervisors must document all deficiencies and their attempts to correct them. Supervisors should consult their program management or agency Liaison 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). Supervisors must fully document any issues 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 performance deficiencies may be based on an underlying medical issue, should contact MAB at: [MACCHQ@HHS.gov](mailto:MACCHQ@HHS.gov), for advice. Contact information for [MAB](#) personnel may be found on CCMIS.
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 agency Liaison, 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. 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, his or her 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 the officer with an opportunity to correct the record if he or she believes it to be in error; management should keep these corrections with management's documentation of the counseling session.
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, involuntary separation, board of inquiry, or fitness-for-duty evaluation. The supervisor, program manager, or agency Liaison 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 agency Liaison. NDWP, as well as extensions 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" 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, or who engage in other misconduct, may be subject to disciplinary action. There are **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) - A written LOC provided to an officer 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; an LOC will not become part of the officer's eOPF.



- b. Letter of Reprimand (LOR) - If the officer's conduct warrants, an LOR may be proposed by and issued to an officer by individuals in an officers' chain of command (e.g., supervisor/rater, second-level supervisor/reviewing official).

The proposal is given to an officer and is submitted to the second-level supervisor and agency Liaison. The officer 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 his/her 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 no written response is received from the officer to the second-level supervisor, the LOR is deemed issued and the Liaison submits the documentation to the Director, CCHQ.

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/0-6 or below), from the date the reprimand was issued; longer periods of time may be approved (up to 4 years). 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 him/her 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 because of misconduct without the opportunity for the officer to have their case considered by a board of officers except in the following situations:
  - (1) Absent Without Leave (AWOL) for 30 or more **consecutive** days;
  - (2) AWOL for 90 or more **non-consecutive** days;
  - (3) A conviction 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) The officer 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 385.01](#), “Involuntary Retirement (20 Years),” for more information.. For additional information regarding officer misconduct or disciplinary actions contact your agency Liaison.

## 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 assuring 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. The HHS OPDIV/STAFFDIV, or non-HHS organization Awards Coordinator is responsible for assuring submissions are processed within the HHS OPDIV/STAFFDIV, or non-HHS organization, and submitted to CCHQ in a timely manner. Form [PHS-6342-1](#) is used to nominate officers for unit awards. Officers should contact their agency Liaison 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 Agency or organization involved generally approves the other four awards, which are in order of precedence:
  - a. Distinguished Service Medal (DSM)
  - b. Meritorious Service Medal (MSM)
  - c. Outstanding Service Medal (OSM)
  - d. Commendation Medal (CM)
  - e. Achievement Medal (AM)
  - f. 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 unit honor awards. The USPHS Commissioned Corps can recognize an officer who is a member of a unit may be recognized with either the Outstanding Unit Citation (OUC) or the Unit Commendation (UC), as appropriate.
  - a. Outstanding Unit Commendation (OUC) (approved by the SG)
  - b. Unit Commendation (UC) (approved by the Agency)
  - c. Presidential Unit Citation (PUC)
  
3. **USPHS Commissioned Corps Campaign and Service Awards.** PHS officers who perform a specific type of duty under certain conditions becomes eligible for certain service awards, after CCHQ usually approves these awards. These awards are:
  - a. National Emergency Preparedness Award (NEPA)
  - b. Foreign Duty Award (FDA)
  - c. Hazardous Duty Award (HDA)
  - d. Isolated Hardship Award (ISOHAR)
  - e. Special Assignment Award (SAA)
  - f. Crisis Response Service Award (CRSA)
  - g. Global Response Service Award (GRSA)
  - h. Response Service Award (RSA)
  - i. Global Health Initiatives Service Medal (GHISM)
  - j. Ebola Campaign Medal (ECM)
  - k. Global Health Campaign Medal (GHCM)

4. PHS officers are not eligible for performance-based cash awards pursuant to [5 U.S.C. Chapter 45](#). However, PHS officers may participate in and receive cash awards for suggestions, inventions, and scientific achievements, above those normally expected, 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 narrowly define the criteria for the Scientific Achievement Award, which is based on “superior performance.” The Director, CCHQ, must approve all cash awards which are then processed by the Compensation Team. The Financial Services Branch 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.

## Standards of Conduct

PHS officers must follow the standards of conduct outlined in [CCI 211.01](#), “Standards of Conduct.” In addition, PHS officers, in common with all HHS employees, must follow the standards of conduct outlined in, but not limited to, [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 are 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 regulation if these activities do not depend on information obtained through the officer’s government employment, unless such information is publicly available. Officers must obtain prior agency approval Form [HHS-520](#), “Request for Approval of Outside Activity” or similar forms used by non-HHS organizations to which the officer is assigned for outside activities. For more information, refer to [CCI 211.01](#), “Standards of Conduct.” The USPHS Commissioned Corps and the Agency may not grant officers station leave during scheduled work hours to engage in outside activities for which they receive compensation.
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 constitutes 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. The agency may require an officer to complete Form [HHS-521](#), “Annual Report of Outside Activity,” or [OGE Form 278](#), “Public Financial Disclosure Report.”
4. **Gifts, Entertainment, and Favors.** Officers may not solicit or accept gifts, gratuities, favors, entertainment, or loans from any person who: 1) Has or is seeking any business or financial relationship with the organization; 2) Conducts operations or activities that are regulated by the organization; or 3) 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;
- 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 officers responsible for unacceptable performance or conduct that results from the use of illicit substances or the misuse of legal substances (e.g., illicit drugs, misuse of prescriptions drugs, 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 (240-276-9616 or [PHSCorpsCare@hhs.gov](mailto:PHSCorpsCare@hhs.gov).) or MAB ([PHSMACCHO@hhs.gov](mailto:PHSMACCHO@hhs.gov).) In these cases, the USPHS Commissioned Corps' first priority is to help officers with substance use issues to fully recover and become fully productive. However, persistent issues with substance use may not entitle an officer to medical disability benefits and 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, he/she should contact Corps Care.
2. The USPHS Commissioned Corps defines substance use disorder (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 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 proceed solely based on the 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 so to the officer or become professionally involved in treatment. Further, a supervisor may not refer an officer for treatment against his or her wishes; however, a supervisor may refer an officer to their agency Employee Assistant Program (EAP) regarding observed performance or conduct problems.
6. If the supervisor initiates performance counseling, he, or she should set specific time limits for when he/she expects the officer's performance to improve. Generally, he/she should follow two-to-three months for initial improvement.

when an officer is undergoing treatment for substance abuse. If performance or conduct problems are severe, dangerous, or disruptive, more urgent intervention by CCHQ may be warranted.

7. The USPHS Commissioned Corps and its personnel will treat an officer undergoing a SUD treatment program as they would any other 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. MAB's investigation will determine whether the USPHS Commissioned Corps' MRB should review the officer's fitness-for-duty.
8. Officers seeking Safe Harbor should refer to their agency policies concerning drug use and Safe Harbor requirements. However, regardless of where officers are stationed, they remain subject to USPHS Commissioned Corps regulations and policy with regard to administrative and disciplinary action. This does not preclude any legal action. Officers detailed to the 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 his/her condition to MAB to include any and all substance(s) being used that are prohibited by the Corps;
  - b. Sign the Substance Use Safe Harbor Agreement;
  - c. Continuously provide MAB with permission to access medical providers and treatment documentation., and
  - d. Seek and complete treatment.

For additional information on substance use and safe harbor, refer to [CCI 211.06](#), "Substance Use."

## Licensure and Certification

1. [CCI 251.01](#), "Professional Licensure and Certifications," requires that health care professionals possess and maintain a current, unrestricted license/certification/registration appropriate to their profession. 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 maintaining professional skills.
3. PHS officers, who are required to maintain a license/certification/registration, must continue to do so even if the billet they occupy does not require the delivery of health care services.

Officers must upload a copy of their licenses via [eDOC-U](#). They must upload licenses and certification renewal documents well before the expiration date. The officer is responsible for ensuring that a current, active license or certification is in eOPF at all times. 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 Guide for Licensure Document Upload](#) may be found on CCMIS. For additional information or questions contact: [PHSLicensure@hhs.gov](mailto:PHSLicensure@hhs.gov).

## Separation and Retirement

The term separation means that an officer leaves active duty service. Officer separations fall into the following categories:

1. **Voluntary Separation**
  - a. Resignation
  - b. Retirement

- (1) 20-year retirement (20-29 years of service)
- (2) Age 64 retirement

2. **Involuntary Separations**

- a. Probationary separation (within first three years of active duty)
- b. Involuntary separation (after the probationary period but before retirement eligibility)
- c. Involuntary 20-year retirement (20-29 years of service)
- d. Mandatory 30-year retirement (unless a Flag Officer or eligible Chief Professional Officer)

3. **Disability Separations**

- a. Medical Separation
- b. Permanent Disability Retirement List (PDRL)
- c. Temporary Disability Retirement List (TDRL)

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

**Voluntary Separation**

1. There are two types of voluntary separations:

- a. *Resignation.* Separation is a general term that is used to reflect an officer’s departure from active duty service. This includes voluntary or involuntary resignation or release from the Service with termination of commission, placement in non-active status, or retirement. All separations prior to retirement eligibility fall into this category.
- b. *Regular Retirement (CCD 124.01).* To be eligible to retire from the USPHS Commissioned Corps, an individual must have served at least 20 years of active duty, including at least 10 years in the USPHS Commissioned Corps and have; reached age 64; or must be disabled from service-connected medical problems to such an extent that he or she is no longer fit for duty. The law requires that all retirements be effective as of the first day of the month. An officer cannot begin terminal leave until the officers OPDIV/STAFFDIV or non-HHS organization has been notified that the requested retirement date is approved by the Director, CCHQ. The types of retirement include:

(1) *Voluntary 20-year to < 30 year Regular Retirement (CCI 384.02).* While the regular retirement of a PHS officer is at the discretion of the USPHS Commissioned Corps, an officer who has completed 20 years of active service, but less than 30 years, may request permission to retire; provided, that at least 10 years of those years were active commissioned service in any of the uniformed services. Creditable service for establishing eligibility for retirement includes: all active service (enlisted, warrant, or commissioned) in any of the uniformed services and employment with PHS components/agencies within HHS (other than as a PHS officer but comparable to service performed by an officer), not to exceed the last 5 years of such employment.

- (a) An officer's request for permission to retire may be submitted through the officer's supervisor via Form PHS-1373 and must contain a proposed effective date of retirement;
- (b) A transmittal memorandum prepared and signed by the officer’s supervisor, to the Director, CCHQ addressing several factors considered, by the OPDIV/STAFFDIV or non-HHS organization and the Director, CCHQ. The factors considered when an officer requests consideration for retirement include:
  - (i) Supervisor’s recommendation for approval or denial of the officer's retirement request;

- (ii) Effect of the retirement on continued and effective operation of the OPDIV/STAFF/non-HHS organization to which the officer is assigned;
  - (iii) Whether retirement is in the interest of the USPHS Commissioned Corps;
  - (iv) Years of service creditable for retirement eligibility, exclusive of service in other uniformed services;
  - (v) Personal or special circumstances affecting the officer that warrant consideration; and
  - (vi) Other factors as identified by the officer, his/her supervisor, the Liaison, or the Director, CCHQ;
- (c) The Director, CCHQ, after consideration of the recommendation of the OPDIV/STAFFDIV or non-HHS organization to which the officer is assigned and the factors in accordance with 1.b(1)(b) of this section, will do one of the following:
- (i) Convene a retirement board to make a recommendation on the officer's retirement request;
  - (ii) Stay the decision to approve/deny the retirement request pending the outcome of an ongoing investigation regarding the officer's conduct or other action that is ongoing;
  - (iii) Summarily deny the officers retirement request in accordance with the circumstances outlined in [CCI 384.02](#); or
  - (iv) Approve the officer's request for retirement and set the effective date of retirement in accordance with [CCI 384.02](#).

(2) 30-year Retirement (CCI 385.02). Except for flag officers and eligible CPO, the USPHS Commissioned Corps retires all officers, on the first day of the month, following the anniversary of the officer's 30 years of active service unless the officer has already requested voluntary retirement to be effective on or before that date, or is approved for retention beyond 30 years of service. The Corps retires flag officers at 33 and 36 years of active duty for the O-7 and O-8 grades, respectively and eligible CPO's at the completion of their appointment as a CPO. The Corp can grant waivers of the 30-year retirement requirement based on the recommendation(s) of a retirement extension board; the ASH or the SG will grant such waivers on a case by case basis. Once the ASH or SG has approved an officer (CAPT/O-6 or below) for a waiver, the USPHS Commissioned Corps will retain him/her for up to three years from the completion of the officer's 30 years of service, unless the ASH or SG approve subsequent retention,

(3) Age 64 Retirement. The USPHS Commissioned Corps will permit an officer to retire on the first day of any month following the month in which the officer attains 64 years of age, if the PHS officer has requested such retirement in accordance with procedures prescribed by the Service. This section neither requires nor permits the involuntary retirement of an officer due to the officer's age.

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. If an officer leaves the duty station, travels, or ships household goods before a personnel order authorizing the separation is issued, the PHS officer may be declared AWOL and not reimburse him/her for expenses incurred before the issuance of orders.
4. Upon separation, an officer is entitled to travel entitlement and payment for, transfer of, or use of, unused leave. In some circumstances, an officer may be divested of use of these entitlements. An officer will be divested of:
  - a. Payment for, transfer of, and denial of use of, his or her unused leave if CCHQ does not receive the officers' Form [PHS-1373](#), "Separation of Commissioned Officer," at least 90 days prior to the last day the retiring officer is physically present at his or her duty station. See the [Separations](#) page on CCMIS for additional information, forms, etc.
  - b. Payment for, transfer of, and denial of use of, his or her unused annual leave if the officer voluntarily separates from active duty before completion of 12 months of active duty.
  - c. All travel entitlements for him, herself, and for dependents and payment for the shipment of household goods if the officer separates from active duty before completion of 24 months of active duty or if the officer does not comply with the USPHS Commissioned Corps' policies regarding separation.
  - d. Payment for, transfer of, and denial of use of, their unused annual leave, and of all travel entitlement for the officer and his or her dependents and payment for shipment of household goods if the officer:
    - (1) Separates from active duty before completing any active-duty obligation; or
    - (2) Fails to complete the agreed to period of service under any special pay/training contract.
  - e. If the USPHS Commissioned Corps divests an officer of unused annual leave, he or she may not take or be granted annual or terminal leave. If the leave granting authority approves annual leave or terminal leave without knowing that the officer is to be divested of such leave, and the officer has departed his or her last duty station on terminal or annual leave, the USPHS Commissioned Corps will order the officer back to duty for the balance of the his or her time. While an officer is in AWOL status, all pay and allowances is forfeited, medical care and disability benefits and government-funded, travel and shipping will not be reimbursed. In addition, the time in AWOL does not count toward completion of an active-duty obligation.

For additional information, supervisors can contact the USPHS Commissioned Corps' Separation Counselors at: [PHSCCSeparations@hhs.gov](mailto:PHSCCSeparations@hhs.gov). Additional information regarding separations may also be found on the [Assignments](#) page of CCMIS and [CCI 387.01](#), "Separation of Commissioned Officer."

### Involuntary Separation

1. There are two categories of involuntary separation for other than medical reasons (i.e., disability retirement or medical separation with severance pay).
  - a. Adverse actions, including separation due to a performance deficiency, conduct problem, or violating one of the USPHS Commissioned Corps' Conditions of Service. Please refer to [CCD 123.01](#), "Involuntary Separation," and [CCD 111.03](#), "Conditions of Service," for further information.
  - b. Separations due to a major Service-wide program or need, such as a reduction in strength.
2. The category of involuntary separation authority used generally depends upon the status of the officer and the reason for separation. For instance, after an officer originally called to active duty at the permanent O-3/LT grade or higher has served in the regular USPHS Commissioned Corps for three years, the USPHS Commissioned Corps will review the file to determine whether they should retain an officer. If a board recommends that the officer be separated, the USPHS Commissioned Corps will do so and provide six months' severance pay. Due



to the policies in place regarding appointment, this provision applies primarily to medical and dental officers who entered the USPHS Commissioned Corps with over 2 years of experience after receipt of the medical/dental degree. The following are reasons why an officer may be involuntarily separated:

- a. Refusal to Undergo Physical Examination and/or Furnish Information;
- b. Refusal to Accept Medical Supervision;
- c. Physically Unfit to Perform Duties;
- d. Removal from the Temporary Disability Retirement List (TDRL);
- e. Pre-existing Physical Disability;
- f. Medical Misconduct;
- g. Absence Without Leave (AWOL);
- h. Security Requirements;
- i. Marginal or substandard performance;
- j. Licensure/Certification Noncompliance;
- k. Failure of Promotion of a Junior Assistant Grade Officer;
- l. Failure of Promotion of a Senior Assistant Grade Officer;
- m. Failure of Promotion of a Full Grade Officer;
- n. Force Readiness Non-compliance;
- o. Uniform Wear Non-compliance;
- p. Weight Non-compliance;
- q. Substance Use;
- r. Lack of Suitable Assignment; or

#### **Probationary Period**

1. All officers, including those appointed at the Permanent O-3 or higher serve a probationary period that consists of the first 36 months of any appointment, reappointment, or call to active duty. The requirement to serve a probationary period applies to each change of appointment status. The SG or Director, CCHQ, may extend a probationary period when an officer's program, the USPHS Commissioned Corps, or other authorized official (e.g., Office of the Inspector General, law enforcement) has initiated an investigation on the officer during the probationary period regarding, but not limited to, conduct, performance, or medical fitness for duty. An extended probationary period will end within 90 calendar days of completion of the investigation, but in no case shall it extend beyond four years. In addition, the SG may separate an officer at any time during the probationary period without having the officer's case considered by a board of officers for any lawful reason including, but not limited to:
  - a. Misconduct;
  - b. Failure to meet a condition of service;
  - c. Non-compliance with the USPHS Commissioned Corps' uniform policies or refusal wear the prescribed USPHS Commissioned Corps uniform of the day on a daily basis in the performance of the officer's official duties;
  - d. Substandard performance or clinical incompetency;
  - e. Failure to maintain an unrestricted license or certification in good standing and without limitations, when a license or certification is mandated for the officer's category;
  - f. A lack of assignment after completing a departmental program or detail from another agency (e.g., returns to service, completion of an Epidemic Intelligence Service assignment, etc.);

- g. Unsuitability (i.e., the officer demonstrates general character traits that make him or her unsuitable for continued service);
  - h. Failure to obtain or maintain a favorably adjudicated background investigation and/or obtain or maintain eligibility for the level of security clearance required by either the USPHS Commissioned Corps or position to which the officer is assigned, including the discovery of information which could impact the ability of the officer to obtain or maintain these requirements;
  - i. Failure to demonstrate the level of dedication to duty, attitude, or attributes expected of an officer in the Uniformed Services;
  - j. Refusal to accept reassignment;
  - k. Lack of need or funding (e.g., abolishment of an Officer's position), personnel or budgetary limitations, reorganization, or realignment of functions, etc.)
  - l. Unsatisfactory conduct before appointment and/or call to active duty that is discovered subsequent to entry on duty which, had it been known, would have made the officer unsuitable for appointment to the USPHS Commissioned Corps and/or call to active duty;
  - m. Failure to attend, complete, or pass the Officer Basic Course (OBC) within 90 calendar days of reporting to their initial duty station or within 180 calendar days if the SG grants an extension; and/or
  - n. A determination that the USPHS Commissioned Corps' decision/approval to appoint the officer did not properly adhere to the regulations or policies that govern the appointment of candidates to the USPHS Commissioned Corps specifically as the decision/approval relates to information and conditions that disqualify candidates for an appointment when the information was disclosed by the officer during the appointment process (e.g., a disqualifying medical condition or inability/unwillingness to meet the uniform grooming and appearance requirements).
2. After an officer appointed to the Regular Corps at the P-O3 grade or higher has completed the probationary period, the Director, CCHQ, or designee, and the HHS OPDIV/STAFFDIV/non-HHS-organization or outside organization to which the officer has been assigned will review the officer's records according to criteria defined in [CCI 341.02](#), "Regular Corps Record Review." If the officer fails to meet these criteria, they can send his record to a Three-Year File Review Board (FRB) that can recommend retention, reassignment, or termination of the officer's commission.
- a. Supervisors should maintain proper and, sufficient documentation of all counseling sessions, incidents, and communications with the officer involved.
  - b. The supervisor and program management should work very closely with CCHQ throughout the entire involuntary separation process.

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 his or her grade, category, or office because of one or more physical or mental conditions. The mere existence of a medical condition which could be disabling does not automatically render the individual unfit for duty. There generally must be a cause and effect relationship between the medical condition and the officer's performance. However, a MRB may find an officer unfit for duty if he or she has a condition not presently affecting performance

of duty but which is likely in the near future to require extensive use of sick leave or medical services and for which there is significant probability that the officer will be unable to return to duty for a protracted period of time.

2. For an officer to qualify for any 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 are 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, he or she should contact MAB, via the agency Liaison, and request a fitness for duty evaluation. After 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 his or her job without significant restrictions. 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 to 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 normally will not exceed one year. At the end of one year, a finding of fitness or unfitness for duty; or
  - 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 him /her in accordance with existing laws, regulations, and policies. Therefore, one of the following must occur:
    - (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**, he/she must be separated with severance pay (Medical Separation). However, if the combined percentage of disability is **30 percent or more**, he/she 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**, he/ she 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**, he/she 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 he/she may recover and become fit for duty or when the degree of severity may substantially change within the next 3 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 no greater than 18 months as determined by the MRB or Chief, Medical Affairs. The USPHS Commissioned Corps will not keep an officer on TDRL for more than three years and MRB must review the case at least 3 months prior to the 3-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 he or she feels the officer's ability to perform his or her 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, the actions described under the involuntary separation section of this chapter may be initiated.

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

## Return of ID Cards upon Separation from the USPHS Commissioned Corps

As outlined in [Department of Defense Instruction 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 shall be returned upon separation, resignation, firing, and termination of contract or affiliation with the DoD." Separating officers should not return ID Cards and all dependent ID cards until after the last day on active duty. Program directors/supervisors are responsible for ensuring officers turn in their Common Access Cards (CAC) and dependent ID cards as a part of their organization's standard out-processing procedures. The Separations Team 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 Corps Separations at: [PHSCCSeparations@hhs.gov](mailto:PHSCCSeparations@hhs.gov).

## Death of a PHS Officer

- 1. When a supervisor is notified that an officer under his or her authority has died, he or she should contact the agency Liaison immediately. If the supervisor cannot contact the Liaison in a timely manner, he or she 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 agency Liaison or SAO should be prepared to 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 Agency to which the officer was assigned.
3. The deceased officer's agency Liaison and the program management for the organization to which the deceased 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 agency Liaison ensures the officer's agency 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;
    - b. Designation of an individual to represent the USPHS Commissioned Corps at the funeral, if the family requests it; and

For more information on death of a Commissioned officer, please see [CCI 383.01](#), "Death of an Active Duty Officer," for further guidance.

## General Topics

### Complaints and Redress (formerly Grievances)

1. A PHS officer may file a formal request for examination and necessary adjudication, as appropriate, 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. Beyond the legitimate authority of that supervisor or senior official;
  - d. Arbitrary, capricious, or an abuse of discretion; and/or
  - e. 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, please 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, gender, 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 agency.
3. PHS officers assigned or detailed to another agency or organization may only file a complaint (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 agency or organization to which detailed, in accordance with the MOA between the HHS and that organization.

For additional information regarding Equal Opportunity, please see [CCD 111.01](#), "Equal Opportunity" and [CCI 211.03](#), "Equal Opportunity: Discrimination Complaints Processing." Additionally, information regarding the HHS Equal Employment Opportunity Policy may be found at: <https://www.hhs.gov/about/agencies/asa/eoo/about-eoo/index.html>. Officers assigned to non-HHS organizations should review their organization's policies.

### Leave and Attendance

1. PHS officers are subject to 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 his or her charge. When possible and practicable, prescribed duty hours generally approximate the normal workweek. An officer may file a formal complaint and redress (grievance) against a supervisor who sets work hours in a malicious, arbitrary, or capricious manner.

All officers must enter leave request into the electronic Commissioned Officer Resources Processing System (eCORPS). This will electronically route leave requests directly to a Leave Approving Official (LAO). For eCORPS information and resources, refer to the [eCORPS](#) page on CCMIS.

3. Except in emergencies, officers must request leave and the officer's leave granting authority approve this leave in advance. The leave-granting authority does not have to be the immediate supervisor.
4. An officer is subject to recall to duty from leave at any time and must inform, the leave granting authority of their whereabouts during any period of leave, including sick leave.
5. Supervisors should approve or deny an officers' leave using the USPHS Commissioned Corps' electronic processing system. The supervisor can use the paper, Form [PHS-1345](#), if necessary when the electronic system is unavailable.
6. Abuse of any category of leave requires that the supervisor and leave granting authority immediately intervene. The supervisor can require the officer to have all leave approved in advance, discipline him/her for leave abuse, and/or refer him/her 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 eCORPS information and resources, refer to the [eCORPS](#) page of CCMIS.

### **Types of Leave**

#### a. *Annual 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 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 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. If, however, 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. 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.
- (4) Advanced Annual Leave. While the USPHS Commissioned Corps can advance up to 30 days, 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) 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 his or her pay and allowances, the USPHS Commissioned Corps will declare the officer indebted to the federal government and begin collection action.

- (6) Terminal Leave. Terminal leave is annual leave that is approved before the officer submits his or her request for separation or retirement from active duty and is taken after the officer submits his or her request for separation (Form [PHS-1373](#)). Officers may take terminal leave in one segment through the date of separation or as a series of multiple segments. Terminal leave is not an entitlement and the leave-granting authority should grant it only if he/she believes 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. While an officer is still on active duty during terminal leave, he/she may accept outside employment provided that he or she obtains approval for employment from the appropriate organizational officials.
- (7) 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 may not grant this officer annual leave (or terminal leave) to circumvent divestment of the lump-sum annual leave payment (refer to [CCI 633.0](#), "Special Pays").

b. *Sick Leave*

- (1) Amount Earned and Charged. Sick leave is non-chargeable, 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/leave granting authority as soon as possible. While an officer's leave granting authority 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 his or her health-care provider certifying the need to be absent from duty. Officers should obtain prior approval for absences needed for scheduled medical care. PHS officers are not included in the provisions of the Family and Medical Leave Act of 1993.
- (2) Medical Provider Certification of Illness. If an officer is on sick leave for three or more days or a lesser period (if the supervisor requests it), the leave-granting authority may require the officer to submit a written statement or written certification of illness from his or her 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 him/her from working, the estimated time the condition will last, and an estimate as to when the officer may return to full duty without limitations. 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 that officer is requesting excessive or unnecessary sick leave, the supervisor should contact MAB and request a sick leave investigation.
- (3) Maternity Leave. The USPHS Commissioned Corps authorizes officers, 84 days of sick leave for postpartum recovery, beginning the day after hospital discharge. Please note that this leave is categorized as "sick leave." The USPHS Commissioned Corps does not have a separate, discrete category for "maternity leave." 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; considered as one continuous period of sick leave.
- (4) Extended Period of Sick Leave. 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. Supervisors should remind officers that 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, he/she can request that MAB obtain and review the officer's medical records to justify the leave request. 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; based on an 8-hour workday and is granted in hours. Approval for station leave is not a right; it is a privilege that the officer's leave-granting authority 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 leave granting authority. At a minimum, the officer's leave-granting authority may grant verbal approval of station leave in advance, although he/she may require an officer to obtain written approval for station leave. Station leave is not charged as annual leave.
- d. *Administrative Leave*.
- (1) Administrative leave is a type of non-chargeable leave for absences of one or more full workdays. Generally, the USPHS Commissioned Corps limits administrative leave to no more than five days per calendar year, with the exception of 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 his or her losing duty station to arrange the shipment of his or her 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;
    - (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) A leave-granting authority may not grant administrative leave to an officer upon separation from active duty, including retirement.

- e. *Court Leave.* While on authorized court leave, an officer may not accept a fee for services, except for reimbursement of expenses (travel and/or per diem) for:
- (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 for a married PHS officer on active duty whose wife has given birth. Paternity leave is a non-chargeable leave 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. Officers deployed overseas when the wife gives birth have 60 days after returning from deployment to utilize the 10 days of paternity leave. Paternity Leave cannot be applied to unmarried officers fathering a child out of wedlock in accordance with [CCI 361.01](#), “Leave of Absence: General.”
  - (2) Adoption Leave. Officers must adopt a child through a qualifying child adoption agency to be entitled to adoption leave in a calendar year. The USPHS Commissioned Corps allows officers 21 days of non-chargeable leave to be used within 21 days of the adopted child’s arrival in the officer’s home. In the event that 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 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,” for details on days of PDRA authorized per days deployed.
  - (4) Absent Without Leave (AWOL). Whenever an officer is absent from the workplace during scheduled work hours, and is not covered under an approved leave category, the officer is AWOL. While the officer is in AWOL status, the USPHS Commissioned Corps divests him/her of all pay and benefits. Thirty consecutive days of AWOL is grounds for termination. The USPHS Commissioned Corps may take disciplinary action, including the possibility of termination, may be taken 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 leave granting authority may provide only the minimum leave that is absolutely necessary to take care of the emergency situation.

For additional information regarding leave, please refer to the following: [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

Generally, telework agreements are voluntary and mutually agreed upon by the PHS officer, supervisor, and the PHS officer's HHS OPDIV/STAFFDIV/non-HHS organization and supervisor. While some HHS OPDIV, STAFFDIV, or non-HHS organizations do allow full-time telework, it is not the norm.

1. Telework may be authorized by supervisors for the maximum number of officers to the extent that mission objectives are met. The authority to approve/disapprove a telework request is at the discretion of the supervisor or program to which an officer is assigned. Telework is a privilege extended to officers who meet the requirements of the policy and whose work assignments are conducive to completion in an off-site environment.
2. PHS officers must have a written agreement in place with a copy in your eOPF. This is for your protection since the agreement will outline the terms, conditions, and expectations of you while you telework.
3. Participation in teleworking is a benefit, not an entitlement

For additional information regarding leave, please refer to the following: [CCI 313.01](#), "Telework."

### USPHS Commissioned Corps Uniform Policy

All officers must wear their uniforms properly and at all times during duty hours. All officers must observe grooming and appearance standards prescribed in [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 a PHS officer. The primary consideration is for officers to present a neatly groomed appearance when in uniform. Supervisors are encouraged to reach out to agency Liaisons regarding officers not or in poor compliance with USPHS Commissioned Corps uniform regulations.

1. 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, except those officers who have an exemption or waiver.
2. The USPHS Commissioned Corps may excuse or exempt officers who are normally required to wear 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.
3. Officers are entitled to a one-time uniform allowance upon call to active duty.
4. 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."

### Determination of Appropriate Uniforms

1. The ASH and all organization heads will designate officials within their organizations who will serve as a Local Uniform Authority (LUA) for areas outside the Washington, D.C., Metropolitan area.
2. The SG serves as the LUA for Washington, D.C. and surrounding metropolitan areas in Maryland and Virginia. Organization heads should notify OSG of any unique requirements that exist within their organizations.
3. 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.

## 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 that the Secretary:

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 assures the readiness of the USPHS Commissioned Corps to respond to emergencies and urgent public health care needs, as he /she determines, that arise as a result 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 members 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 for 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 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 Corps, and the organizations to which they are assigned. Readiness is a condition of service and is mandated by statute. The USPHS Commissioned Corps will remove officers from promotion consideration if they have not maintained basic readiness.

### **Deployment Procedures**

Officers who are detailed to a branch of the Armed Forces and other non-Health and Human Services (HHS) organizations are deployed in accordance with the relevant MOA and/or MOU. Accordingly, the Director, CCHQ, or designee, will work with the agency Liaisons for these organizations to ensure that the assigned officers are adequately categorized for the purposes of documenting officers’ availability for deployments. PHS 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 PHS officers into units for rapid deployment. CCHQ will 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. 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.* The agency Liaison 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 agency Liaison 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 the PHS officer may not deploy an officer to a future deployment; dwell time is not leave time. 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). 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 PHS officers. Dwell time will not exceed 120 days for Regular Corps officers. Dwell time does not apply to intra-agency deployments and can run concurrently with any approved leave.
4. *Post-Deployment Respite Absence (PDRA).* PHS 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 Post-Deployment Respite Absence (PDRA). PDRA is authorized for a PHS officer who deploys for 14 or more consecutive days away from his/her PDS and outside of his/her PDS catchment/normal commuting area (usually 50-mile radius of PDS).
  - a. 14 days but less than 30 days – 1 day;
  - b. 30 days but less than 60 days – 2 days;
  - c. 60 days but less than 90 days – 3 days; and
  - d. 90 days but less than 120 days – 4 days

For information regarding additional general information on deployment procedures, please refer to [CCI 241.02](#), "Deployment of Corps Officers," [POM 821.54](#), "Post Deployment Respite Absence," and [POM 821.76](#), "Deployment Procedures," or contact the agency Liaison and/or Readiness and Deployment Branch at: [PHSDeployment@hhs.gov](mailto:PHSDeployment@hhs.gov).

### **The Secretary**

The Secretary authorizes the ASH to release officers for deployment, voluntarily or involuntarily, under the following circumstances:

- National emergency declared by the President under the National Emergencies Act;
- Emergency/Disaster declared by the President under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Title 42 U.S.C. §5121); or
- A public health emergency declared by the Secretary under Title 42 U.S.C. §247d.

### **Deployment Outline**

#### **Deployment Coordination**

1. The SG will assign each officer to either a rapid deployment unit or to a backup roster to be available for deployment on an established "on call" schedule. The SG will establish the deployment time frames for each unit or roster.
2. Officers will be issued order, travel manifest, or similar form of an order for deployment by the Director, CCHQ.
3. Prior to the officers on call period, CCHQ will coordinate with agency Liaisons to ensure the availability of officers and make adjustments to the officers' expected availability as necessary.
4. In coordination with non-HHS agencies, CCHQ will only deploy officers assigned to non-HHS agencies in accordance with the MOA/MOU between the Commissioned Corps and the non-HHS agencies.

### **General Orders**

1. During any deployment or response operation, the Commissioned Corps requires all officers to observe and obey the lawful orders of all official superiors in the deployment chain of command and to conduct themselves in a competent and professional manner when deployed.
2. The SG or designee will define the official superiors during a deployment.
3. While officers are on deployment orders, the Commissioned Corps does not require them to report to their home duty station leadership and cannot be in any leave status while deployed.
4. The SG or designee will establish General Orders and conduct requirements for deployment and response operations.