

SEPARATION OF COMMISSIONED OFFICER

(See page 3 for Instructions and Privacy Act Notice)

THIS FORM MUST BE RECEIVED IN DCP 30 DAYS PRIOR TO LAST DAY OFFICER IS PHYSICALLY AT HIS/HER DUTY STATION

PART A. TO BE COMPLETED BY OFFICER SEPARATING (Type or Print Name)

1. Name _____	3. Grade	T P	Category:	Corps: Regular Reserve
2. SSN _____ PHS No. _____				
4. Present Station (Organization, Address, ZIP Code): _____		E-mail Address _____ Phone No. _____		
_____		_____		
_____		_____		

5. Type of Separation: Termination Retirement Inactivation

NOTE: I understand that I will be terminated if not approved for inactivation. Inactivation must be recommended by the officer's supervisor, but final approval for inactivation is made by the Director, Division of Commissioned Personnel.

6. Reason for Separation: _____

7. Last day at duty station: _____

NOTE: I understand that if I am breaking an active-duty obligation, my commission will be terminated as of my last day at the duty station.

8. Terminal leave requested: Yes No Terminal leave approved: Yes No

Actual dates of terminal leave: _____

NOTE: Please read the section titled "Terminal Leave" in Commissioned Corps Personnel Manual (CCPM) Pamphlet 32, "Information on Separation." This pamphlet is available on the Division of Commissioned Personnel's (DCP) Web site -- <http://dcp.psc.gov> -- click on Publications.

9. Separation Physical Examination

I elect to take a physical examination Station: _____ Date _____

OR

I hereby waive separation physical examination realizing that, after separation, I cannot be retired for disability for any disease or injury incurred in or aggravated by my tour of duty with the Public Health Service Commissioned Corps.

10. Travel and Transportation Requested for Self and: <input type="checkbox"/> Dependents <input type="checkbox"/> Non-temporary storage <input type="checkbox"/> Household Goods or (Overseas only) <input type="checkbox"/> Housetrailer <input type="checkbox"/> Shipment of Auto (Overseas only)	11. Mode of travel (Officer only): <input type="checkbox"/> Private conveyance <input type="checkbox"/> Commercial common carrier	12. I elect travel to: (As specified in original orders) City _____ State _____ <input type="checkbox"/> Home of record <input type="checkbox"/> Place from which called to active duty <input type="checkbox"/> Home of selection (Retirees only)
--	---	---

13. Permanent Mailing Address After Separation: (Include ZIP Code) E-mail Address _____ Phone No. _____

14. I have read CCPM Pamphlet No. 32, "Information on Separation," and understand my rights and responsibilities with regard to separation from active duty with the Public Health Service Commissioned Corps. (CCPM Pamphlet No. 32 is available on the DCP Web site -- <http://dcp.psc.gov> -- click on Publications.) All of the information I have provided above is true and accurate to the best of my knowledge.

_____ (Date) _____ (Signature of Officer Separating)

DO NOT LEAVE YOUR DUTY STATION WITHOUT VERIFICATION THAT A PERSONNEL ORDER HAS BEEN ISSUED. IT MAY JEOPARDIZE YOUR ENTITLEMENTS.

PART B. TO BE COMPLETED BY IMMEDIATE SUPERVISOR OF SEPARATING OFFICER

Do you recommend officer for: Inactive Reserve Yes No Active duty in the future Yes No Terminal leave approved Yes No

Comments: _____

_____ (Date) _____ (Signature of Immediate Supervisor)

PART C. TO BE COMPLETED BY FISCAL/ADMINISTRATIVE OFFICER

1. Pay and allowances chargeable to: Common Accounting No. _____ Travel CAN _____ Accounting Point _____ Designated Agent _____	2. PDN: _____ Standard Billet? <input type="checkbox"/> Yes <input type="checkbox"/> No Abolish Billet? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

_____ (Date) _____ (Signature of Fiscal / Administrative Officer)

Comments: _____

PART D. TO BE COMPLETED BY DIVISION OF COMMISSIONED PERSONNEL (Check appropriate item)

Travel Time _____

Date of Separation _____

Medical Status _____

Obligation end Date _____

TRAVEL			
Item	Yes	No	Initials
POC Authorized			
POC Authorized - CONUS Only			
Air Travel Directed			
Travel - Joint Federal Travel Regulations (JFTR)			
Travel - No Expense to PHS			
Travel and Transportation Authorized			
Shipment of POV			
No Travel Authorized Under JFTR U5125 (Breaking Special Pay Contract)			
No Travel Authorized Under JFTR U7654 (Less than 2 years Active Duty)			

OTHER OBLIGATIONS			
Item	Yes	No	Initials
Selective Service Obligation			
VEA Participation			

PERSONNEL			
Item	Yes	No	Initials
Two Years Active Duty Completed			
Promotion Check			
Terminate Appointment			
Appointment into Inactive Reserve			

LEAVE			
Item	Yes	No	Initials
Lump Sum Annual Leave			
Transfer of Leave (Uniformed Services only)			

TRAINING			
Item	Yes	No	Initials
Training Obligation			
Scholarship Obligation			
USUHS Obligation			

SPECIAL PAYS			
Item	Yes	No	Initials
Medical Special Pay Obligation			
Dental Special Pay Obligation			
Nurse Special Pay Obligation			

Officer indebted to the Federal Government in the amount of \$ _____ due to termination of the following contract:

- Medical Special Pay (MSP)
- Dental Special Pay (DSP)
- Nurse Special Pay (NSP)
- Accession Bonus (AB)

Officer indebted to the Federal Government in the amount of \$ _____ due to termination of active-duty training obligation.

Officer indebted to the Federal Government in the amount of \$ _____ due to overpayment.

Special Pay comments: _____

Training obligation comments: _____

(Date)

Signature (Technician) -- Division of Commissioned Personnel

(Date)

Signature (Supervisor) -- Division of Commissioned Personnel

Comments:

INSTRUCTIONS FOR COMPLETING FORM PHS-1373

PART A The officer requesting separation should read CCPM Pamphlet No. 32, "Information on Separation," to understand his/her rights and responsibilities with regard to separation from active duty with the Public Health Service Commissioned Corps. CCPM Pamphlet No. 32 is available on the DCP Web site -- <http://dcp.psc.gov> -- click on Publications. After reading CCPM Pamphlet No. 32, the officer requesting separation should complete Part A of form PHS-1373, "Separation of Commissioned Officer," and forward it to: Division of Commissioned Personnel, ATTN: Officer Support Branch, Room 4-20, 5600 Fishers Lane, Rockville, MD 20857-0001. The officer should send a *photocopy* of form PHS-1373 to his/her supervisor for completion of Parts B and C.

1. Last name, first name, middle initial
2. Self-explanatory
3. Self-explanatory
4. Self-explanatory
5. See CCPM Subchapter CC23 (NOTE: CCPM is available on DCP Web site -- <http://dcp.psc.gov>. -- click on Publications.)
6. See CCPM INSTRUCTION 8, CC23.8 and CCPM INSTRUCTION 3, CC29.1
7. See CCPM INSTRUCTION 2, CC29.1 for RULES GOVERNING TERMINAL LEAVE. The Division of Commissioned Personnel (DCP) will add your computed travel time based on mode of travel back to your election in item # 11. The date on your personnel order will be your last day on active duty.
8. See CCPM INSTRUCTION 2, CC29.1
9. The separation physical examination protects your potential right to disability retirement and also serves to protect any future entitlements to benefits provided by the Department of Veterans Affairs.
NOTE: An officer separating or retiring from the Public Health Service Commissioned Corps must notify immediately the Medical Affairs Branch, DCP, (301-594-6330 or toll free 1-800-368-2777) if there is any change in his/her medical status subsequent to the last medical examination.
10. Shipment of household goods must be completed or enroute within 180 days following date of separation.
11. Officer must actually perform travel to be reimbursed.
12. Law provides entitlement to travel and ship household effects to either Home of Record at time of entry on active duty or point from which called to active duty. This designation does not preclude travel or shipment to another point, but limits Government expenditure to amount not exceeding place of designation. THIS ELECTION IS IRREVOCABLE. A retiring officer who has served over 8 years on his/her last tour of duty may select a home within a year after retirement. See CCPM INSTRUCTION 1, CC24.1.
13. IT IS IMPORTANT TO FURNISH AN ADDRESS WHERE YOU MAY BE REACHED. Your Statement of Service and W-2 forms will be sent to this address.
14. Self-explanatory

PART B Supervisor of separating officer should complete this part and forward the form to the Fiscal/Administrative Officer.

PART C Fiscal/Administrative Officer should complete this part and forward the form to DCP (*see address above*).

PRIVACY ACT STATEMENT FOR FORM PHS-1373, SEPARATION OF COMMISSIONED OFFICER

System of Records: 09-40-0001, "PHS Commissioned Corps General Personnel Records," HHS/PSC/HRS.

General: This statement is provided pursuant to the Privacy Act of 1974 (5 U.S.C. 552a).

Authority: 42 U.S.C. 201 et seq.; Executive Order 9397.

Purposes and Uses: The information you supply will be used in the processing of your separation or retirement. The information may be provided to other Federal agencies for lawful purposes including litigation. Otherwise, the information you provide will not be disclosed outside this Department without your written consent.

Effects of Nondisclosure: Disclosure of the requested information and your Social Security Number (SSN) are mandatory. The SSN is used as an identifier throughout your career. It is used primarily to identify your personnel, leave, and pay records and to relate one to the other. Failure to supply complete and accurate information may result in delays and/or denial of benefits.