

GENERAL INFORMATION ON ANNUAL LEAVE

1. Authority: PHS Regulations 21.81-21.91. See also CCPM Sub Chapter CC26.4b.
2. Original copy of Leave Form will be kept in the officer's possession at all times during leave status.
3. PHS Officers are eligible for medical care at all Uniformed Service Medical Facilities and for emergency care at Veteran's Administration Hospitals, other Federal non-Uniformed Services Hospitals and civilian medical care facilities. The officer who requires non-PHS medical care while in leave status will report such care immediately to the officer in charge of the nearest PHS Hospital or Out-patient Clinic.
4. The officer on leave status will report changes in his whereabouts to the leave granting authority.
5. The officer who becomes ill while on annual leave will notify the leave granting authority of his illness and request sick leave. He shall also report the termination of this illness.
6. Upon return to duty the officer will complete Section 4 and return the Leave Form to the Leave Granting Authority.

PHS-1345 (BACK) (REV. 2-66)

Privacy Act Statement for Form PHS-1345
Request and Authority for Leave of Absence

General

This statement is provided pursuant to the Privacy Act of 1974 (P.L. 93-579).

Authority for Collection of Information

Public Health Service Act (42 U.S.C. 210-1 and 216).

Principal Purposes and Routine Uses

The information to be supplied by you on this form will provide a record for leave approval. The form is also used to report absences from duty due to illness or injury, to provide a reference for purposes of locating an officer while on leave, and to provide a record for computing maximum leave.

Except as indicated below, the information you provide on this form will not be disclosed outside this Department without your written consent:

To prospective employers or other organizations at the request of the individual; to other Federal agencies in the event of appointment of former officers; to other Federal agencies to the extent necessary to obtain suitability and security investigation reports; to the Department of Defense in event of national emergency. Federal Housing Administration and Veterans Administration may obtain information in event of employment claims and benefits; Bureau of Prisons (Department of Justice), Coast Guard (Department of Transportation), and Environmental Protection Agency may obtain copies of personnel documents relating to commissioned officer assignments to those agencies. Records may be disclosed to individuals and organizations deemed qualified by the Secretary to carry out specific research solely for the purpose of carrying out such research (45 CFR, Part 5b, Appendix B, item 101). Disclosure may be made to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual.

In the event of litigation where one of the parties is (a) the Department, any component of the Department, or any employee of the Department in his or her official capacity; (b) the United States where the Department determines that the claim, if successful, is likely to directly affect the operations of the Department or any of its components; or (c) any Department employee in his or her individual capacity where the Justice Department has agreed to represent such employee, the Department may disclose such records as it deems desirable or necessary to the Department of Justice to enable that Department to effectively represent such party, provided such disclosure is compatible with the purpose for which the records were collected.

Effects of Nondisclosure

Completion of this form is mandatory. Failure to provide the information will result in non-approval of annual leave and an officer being charged AWOL for unauthorized absences; this in turn may result in forfeiture of pay and separation. Furthermore, failure to officially record absences due to illness or injury will undermine the health maintenance activity of the Corps and may result in inadequate documentation for future medical benefits determination.

REQUEST AND AUTHORITY FOR LEAVE OF ABSENCE

1. TO BE COMPLETED BY THE OFFICER (Type or Print)

NAME	GRADE	SERVICE NO.	TYPE OF LEAVE	
		PHS	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> OTHER (Explain)
DUTY STATION	PERIOD OF ABSENCE			
	NO. DAYS	FROM	TO	
ADDRESS (where officer can contacted during leave period)	REMARKS			

I have read and understand the information contained on the reverse of this form.

SIGNATURE	DATE
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2. TO BE COMPLETED BY SUPERVISOR

RECOMMENDATION	SIGNATURE	TITLE
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		

3. TO BE COMPLETED BY LEAVE GRANTING AUTHORITY

ACTION	SIGNATURE	TITLE	DATE
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED			

4. TO BE COMPLETED BY OFFICER UPON RETURN FROM LEAVE

TYPE LEAVE TAKEN	NO. DAYS	FROM	TO	SIGNATURE

REQUEST AND AUTHORITY FOR LEAVE OF ABSENCE

1. TO BE COMPLETED BY THE OFFICER *(Type or Print)*

NAME	GRADE	SERVICE NO. PHS	TYPE OF LEAVE <input type="checkbox"/> ANNUAL <input type="checkbox"/> OTHER <i>(Explain)</i>
DUTY STATION	PERIOD OF ABSENCE		
	NO. DAYS	FROM	TO
ADDRESS <i>(where officer can contacted during leave period)</i>	REMARKS		

I have read and understand the information contained on the reverse of this form.

SIGNATURE	DATE
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2. TO BE COMPLETED BY SUPERVISOR

RECOMMENDATION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	SIGNATURE	TITLE
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3. TO BE COMPLETED BY LEAVE GRANTING AUTHORITY

ACTION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	SIGNATURE	TITLE	DATE
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4. TO BE COMPLETED BY OFFICER UPON RETURN FROM LEAVE

TYPE LEAVE TAKEN	NO. DAYS	FROM	TO	SIGNATURE
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