## DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service Commissioned Corps

## RETENTION BONUS (RB) AGREEMENT REQUEST

(Privacy Act Notice is on the Second Page)

IDE	NTIFI	CATION			DCCPR USE ONLY	
NAM	E (Las	t, First, Middle Initial)		GRADE/RANK	DATE REC'D.	
PHS	SERIA	AL NUMBER	ORGANIZATION			
DUT	Y PHO	NE NUMBER	E MAIL			
SDE	CIAI	DAY DECLIESTI	 ED (Check appropriate box)			
		NTION BONUS (RB		RETENTION BONUS (RB)		
		agreement	3 year agreement	4 year agreement		
		ONS OF AGREE				
			t of the RB for which I qualify in accordance wit I Corps Instruction (CCI) 633.01, I hereby agree		I Corps Directive (CCD)	
A.	I un		uty in the Corps for the agreement period specifeffective date of this agreement will be the date dum (POM).			
B.	That I will be paid RB in the amount specified for my category of and with a specialty in for each year of obligation.					
C.	That I hold a current, valid and unrestricted license as directed for my category under CCI 251.01 "Professional Licensure and Certification" or certification as required by CCI 231.01, "General Appointment Standards." I agree to remain certified in the specialty referenced in section B, above, during the period I receive RB.					
D.	Tha	That I will receive the RB in annual lump sum payments.				
E.	That if I fail to complete the period of service for which RB is paid:					
	(1) Under the provisions contained in Sections 6-7.e. of CCI 633.01, I will be required to refund a pro rata portion of the payment received which represents the unearned portion of that annual payment of a terminated agreement in accordance with 37 U.S.C. 373.					
	(2)	The required rep	ayment of the RB agreement consists of that poot earned;	ortion that represents 1/360 of the	ne annual payment for each	
	(3) I shall be divested of entitlements for travel and transportation allowances for myself and my dependents; shipment of household goods; and use of, transfer of, or payment for unused annual leave to my credit upon separation from the PHS Commissioned Corps;					
	(4) Any amount which I am obligated to refund because this agreement is terminated shall be a debt due to the United States which I hereby agree to pay in full as directed by the appropriate collections officials in accordance with CCI 654.02, "Collection of Commissioned Officer Indebtedness Upon Separation." In accordance with Treasury Fiscal Requirements Manual (1 TFRM 6-8000, Cash Management), late charges may be assessed for payments made after the due date on amounts owed to the United States Government; and I shall have my commission terminated.					
	(5) That I may not be eligible for recommissioning in the Corps.					
F.	the	If I am not eligible to receive base pay because of a period of Absence Without Leave (AWOL), then I am not eligible for RB for the duration of the AWOL and I am required to repay the prorated portion of any amount paid during the period of AWOL and my obligation will be extended for an equal period of time as the AWOL.				
G.	Res	That if I enter a long-term training program as defined in CCI 325.01, "Extramural Training" and CCI 325.02, "Intramural Residency Training Programs," or medical internship or residency training program (i.e., training which is creditable toward board certification) this agreement shall be terminated and I shall repay an amount as specified in E.(1) above.				
Н.	Tha	That I am NOT ELIGIBLE for voluntary retirement for the duration of this agreement.				
l.	-	ayment of RB will normally commence within 90 days after receipt of the completed agreement in DCCPR or within 90 days ter DCCPR receives all necessary supporting documentation.				

PHS-6189-1 (Rev. 12/18)

PSC Publishing Services (301) 443-6740 EF

## CERTIFICATION

I certify that I have read and understand CCD 151.05 and CCI 633.01, and I have read and agree to abide by the terms of this RB agreement as stated above and that the above information is true and correct. Further, I understand that making a false statement or claim against the U.S. Government is punishable by a fine, or imprisonment, or both. 18 U.S.C. § 287; 18 U.S.C. § 1001.

PRINTED NAME		
SIGNATURE		DATE
SUPERVISOR CERTIFICATION		
I certify that this officer is eligible to receive this Retention Bonus and reco	mmend payment.	
PRINTED NAME	TITLE	
SIGNATURE		DATE
BUDGET OFFICIAL/CERTIFYING OFFICIAL OPERATING DIVIS	SION/PROGRAM CLEARANCE A	ND APPROVAL
PRINTED NAME	TITLE	
SIGNATURE		DATE



## PRIVACY ACT NOTICE PHS COMMISSIONED CORPS AGREEMENT RETENTION BONUS (RB) (Form PHS-6189-1)

**General:** This information is provided pursuant to the Privacy Act of 1974 (*Public Law 93-579*) for PHS commissioned officers applying for RB.

**Records System:** 09-40-0001, "PHS Commissioned Corps General Personnel Records," HHS/PSC/HRS; 09-40-0002, "PHS Commissioned Corps Medical Records," HHS/PSC/HRS; 09-40-0003, "PHS Commissioned Corps Board Proceedings," HHS/PSC/HRS; 09-40-0004, "PHS Commissioned Corps Grievance, Investigatory and Disciplinary Files," HHS/PSC/HRS; 09-40-0011, "Proceedings of the Board for Correction of PHS Commissioned Corps Records," HHS/PSC/ HRS; and 09-90-1402, "HHS Payroll Records," HHS.

**Authority for Collection of Information:** 37 U.S.C. 335 (Pay and Allowances of the Uniformed Services); 42 U.S.C. 202 et seq. (PHS Act Sec 201 et seq.); and Executive Order 9397 (Numbering System for Federal Accounts Relating to Individual Persons).

**Purposes and Uses:** The principal purpose for collecting this information is to determine your eligibility for RB. If you are selected for award of RB, the information collected will be used for issuance of personnel orders to authorize payment. These records, or information therefrom, may also be provided to other Federal agencies to which Corps officers are assigned. The information also may be used for study purposes and/or collection of statistical data for reports to other Federal agencies and the Congress. It may also be used for other lawful purposes including collection of a debt owed the Federal Government, law enforcement, and litigation.

**Effect of Nondisclosure:** You are required to provide the information requested on this agreement to receive RB. Failure to supply complete and accurate information may result in delays and/or errors in determining eligibility and, therefore, result in late payment or nonpayment, or be cause for refund of pay if you receive an award based on erroneous information. All statements are subject to verification.