



PHS-1662
(6/97)

REQUEST FOR PERSONNEL ACTION - COMMISSIONED OFFICER

(Read instructions on reverse before completing this form.)

1. NAME (Last, First, Middle Initial)		2. PHONE NUMBERS (Include area code)	
		Work	Home
3a. SSAN	3b. PHS SERIAL NUMBER	3c. CATEGORY	3d. GRADE T _____ P _____
4a. OPDIV / PROGRAM CONTACT		4b. OPDIV / PROGRAM CONTACT PHONE NUMBER	
5. TYPE OF ACTION REQUESTED <input type="checkbox"/> OTHER _____			
<input type="checkbox"/> CAD - GENERAL DUTY	<input type="checkbox"/> TRANSFER	<input type="checkbox"/> BILLET UPDATE	<input type="checkbox"/> LIMITED TOUR _____ YEARS
<input type="checkbox"/> CAD - JRCOSTEP	<input type="checkbox"/> AMEND PO # _____	<input type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> LIMIT: <input type="radio"/> REMOVE <input type="radio"/> EXTEND
<input type="checkbox"/> CAD - SRCOSTEP	<input type="checkbox"/> DETAIL	<input type="checkbox"/> TRAINING: <input type="radio"/> IN <input type="radio"/> OUT	<input type="checkbox"/> RECALL FROM: <input type="radio"/> INACTIVE <input type="radio"/> RETIRED
6a. ASSIGNMENT INFORMATION/DATES (Must provide Effective Date. Provide other data if applicable to type of order. Use mm/dd/yy for dates.)		6b. CONCURRENCE INFORMATION	
1. Effective Date	4. Scholarship Obligation - Number of Years	1. Concurrence/Release given by:	
2. Date Released From Old Duty Station	5. Training Obligation End Date	2. Phone number:)	3. Date:
3. Reporting Date	6. Short Tour/COSTEP End Date	6c. APPROVED LEAVE EN ROUTE <input type="checkbox"/> YES <input type="checkbox"/> NO	
		DATES (mm/dd/yy) From: _____ To: _____	
		6d. TRAINING OR DETAIL CODES (Provide only if needed)	
7. DUTY STATIONS		a. FROM (Current Duty Station)	
		b. TO (New Duty Station)	
ADMINISTRATIVE CODE:			
BILLET NUMBER / TITLE:			
OPDIV / AGENCY / BUREAU:			
DIV / BRANCH / SECTION:			
MAILSTOP / ROOM NUMBER:			
COMPLETE ADDRESS: (Building, Street, City, State, ZIP Code)			
8. TEMPORARY DUTY EN ROUTE <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, skip to item 9)		9a. MODE OF TRAVEL: (Air, POV, Common Carrier)	
DATES (mm/dd/yy) From: _____ Through: _____		9b. SPECIFIC SCHEDULE / ITINERARY (If needed)	
LOCATION:			
REASON:			
10. SPECIAL TRAVEL ALLOWANCES OR INSTRUCTIONS			
11. NEW ACCOUNTING INFORMATION			
a. CAN (PAY) #:	b. Acct. Pt. (PAY) #:	c. DA/Timekeeper #:	d. CAN (TVL) #:
e. Acct. Pt. (TVL) #:			
12. REMARKS (If applicable, include training preceptor name/phone number)			
13. DIVISION AND OPDIV / PROGRAM CLEARANCE AND APPROVAL -- Submission of this form to DCP by the requesting program certifies that all applicable hiring or assignment restrictions and security clearance requirements for this position have been met. (Check as appropriate)			
a. SECURITY INFORMATION	b. TDP	c. WORKS WITH CHILDREN	d. ROG (Research Officer Group)
<input type="checkbox"/> Non-Sensitive Position	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> Change
<input type="checkbox"/> Sensitive Position	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Date Individual Cleared (mm/dd/yy): _____			
e. ROG TENURE STATUS			
<input type="checkbox"/> A (Assoc/Untenured)		<input type="checkbox"/> N (NonROG)	
<input type="checkbox"/> F (Fellow)		<input type="checkbox"/> R (Tenured)	
<input type="checkbox"/> K (Tenured Track)			
14. APPROVAL (Print or type Name (First - M.I. - Last), Title and Date.)			
BUDGET OFFICIAL - NAME	TITLE	SIGNATURE	DATE
1ST REQUESTING OFFICIAL - NAME	TITLE	SIGNATURE	DATE
2ND REQUESTING OFFICIAL - NAME	TITLE	SIGNATURE	DATE
AGENCY/OPDIV/PROGRAM LIAISON OFFICIAL - NAME	TITLE	SIGNATURE	DATE
15. DIVISION OF COMMISSIONED PERSONNEL (DCP) CLEARANCE			
Comments, if any:		SIGNATURE OF DCP OFFICIAL	DATE
FOR DCP USE ONLY	Mileage:	Number of Days Travel:	OD
			ODB
			PSB
			TAS
			CB
			MAB

INSTRUCTIONS FOR COMPLETING FORM PHS-1662 (Rev. 6/97)

An additional sheet of plain paper may be added to complete answers, if necessary.
Be sure to put officer's/applicant's name and Social Security Number (SSAN) on additional sheets.

See INSTRUCTION 2, Subchapter CC23.6 of the Commissioned Corps Personnel Manual (CCPM), for additional information.

PLEASE TYPE OR PRINT LEGIBLY

After completing this form, forward original to the Division of Commissioned Personnel/HRS/PSC, ATTN: TAS, Room 4-20, 5600 Fishers Lane, Rockville, MD 20857-0001, **AT LEAST 20 CALENDAR DAYS BEFORE EFFECTIVE DATE OF REQUESTED ACTION OR 30 CALENDAR DAYS IN THE CASE OF TRAINING.** For Calls to Active Duty (CAD) allow additional time, as the 20-day rule does not begin until all of the application materials and the acceptance response have been received in the Division of Commissioned Personnel (DCP).

1. Show the officer's/applicant's full name (last name, first name, middle initial) as it appears on official documents.
2. Furnish officer's duty station/work phone number and applicant's work and home phone numbers (include area code).
3. Furnish officer's/applicant's SSAN, PHS Serial Number (SERNO) (if applicable), Category, and Temporary and Permanent grades (if applicable). Category response should be one of the following:

Medical	Scientist	Dietetics
Dental	Sanitarian	Therapy
Nurse	Veterinary	Health Services
Engineer	Pharmacy	
4. Furnish name and phone number of Operating Division (OPDIV)/Program official to be contacted if further information or clarification is necessary.
5. Indicate nature of action requested. See INSTRUCTION 2, Subchapter CC23.6 of the CCPM for definitions of types of actions.
6. Effective date should be the date you want the personnel order to be effective. For orders with travel, this is the day travel begins. Indicate date officer/applicant is to report to his/her new assignment or the last day officer will be at the releasing station. DCP will make adjustments to CAD orders to include time required for travel to initial duty station. [NOTE: Reporting date should not be on a nonwork day such as a holiday or weekend unless the OPDIV/Program specifically wants the officer to report on such a day, and in the case of a CAD the reporting date should not be on the 31st of any month.] Show obligation end date and training obligation end date, if applicable. Name and phone number of official concurring in release date must be furnished. If annual leave en route is approved, so indicate and provide actual dates of annual leave.
7. Furnish officer's current duty station information and "NEW" duty station information. If a CAD order, furnish officer/applicant's home address in Item 7(a) "Current Duty Station" and furnish "New" duty station information.
8. If temporary duty en route to new permanent duty station is requested, furnish the specific dates and place at which temporary duty will be performed and the purpose of such request.
9. Show mode of travel and the officer's/applicant's specific schedule if travel is by means other than privately owned vehicle (POV), e.g., air, train, bus, etc.
10. Indicate whether there are any special travel allowances or instructions about travel expenses, e.g., extra baggage, mixed mode, ferry system, etc.
11. Furnish the Common Accounting Number (CAN) for Pay, Accounting Point (Pay) number, Designated Agent/Timekeeper number, CAN for Travel number, and Accounting Point (Travel/Transportation) number of the office to which the officer will be assigned.
12. Use for any additional necessary remarks.
13. It is mandatory to answer all questions concerning required clearances. Authority for:
Testing Designated Position (TDP): See HHS Personnel Manual Instruction 792-5 (INTERIM);
Child Care Services (CCS): See 42 USC 13041E; and
Research Officer Group (ROG): See INSTRUCTION 1, Subchapter CC23.6, of the CCPM.
14. Division and OPDIV/Program officials requesting action must sign and date form. If you have any questions, contact your OPDIV / Program Commissioned Corps Liaison.
15. DCP will sign off and issue a personnel order only after all required documentation is furnished.