

TEAMING WITH THE U.S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS

Management/Supervisor FAQs



**AMERICA'S
HEALTH
RESPONDERS
COMMISSIONED
CORPS**

U.S. PUBLIC HEALTH SERVICE

INTRODUCTION

The U.S. Public Health Service Commissioned Corps is an asset to our country and to Federal agencies that are supported by its services. Corps officers are highly trained and motivated public health professionals. Whether they are responding to a national emergency, staffing hazardous and other difficult-to-fill positions, or working in a standard office setting, Corps officers are well equipped to support the U.S. Department of Health and Human Services (HHS) and other agencies in achieving national health program missions and objectives.

The purpose of this brochure is to promote the recruitment and assignment of Corps officers within HHS Operation Divisions (OPDIVs) and Staff Divisions (STAFFDIVs) as well as within other non-HHS organizations that are eligible for Corps support. In the following pages, you will find answers to common questions and concerns posed by supervisors about:

- The U.S. Public Health Service Commissioned Corps
- Deployment
- Advantages of staffing with Corps officers
- Managing Corps officers effectively for mutual job satisfaction.

For more information about the Corps and its personnel system:

Visit www.usphs.gov.

Read CCPM 58 “Supervisor’s Guide to the Commissioned Corps” at http://dcp.psc.gov/PDF_docs/pamphlet58.pdf.

Call the Office of Commissioned Corps Operations at 1-877-463-6327.

Note: The information in the CCPM 58 is being extensively updated. The link provided here will take you to an interim version. However, for clarification or validation of important information, please feel free to contact OCCO at 240-453-6000. Thank you for your patience.

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ABOUT THE U.S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS

What is the U.S. Public Health Service Commissioned Corps?

The U.S. Public Health Service Commissioned Corps is a team of more than 6,000 full-time public health professionals. Their mission is to protect, promote, and advance the public health and safety of our Nation. As one of America's seven uniformed services, the Commissioned Corps fills essential public health leadership and service roles within the Nation's Federal Government agencies and programs.

The Corps pursues its mission through:

- Rapid and effective response to public health needs
- Leadership and excellence in public health practices
- Advancement of public health science.

Why do we have a Commissioned Corps?

The earliest predecessor of the U.S. Public Health Service Commissioned Corps was the Marine Hospital Service, which Congress established in 1798. Congress recognized early that public health was a national concern that would be well served by having a cadre of highly trained health professionals who could be mobilized immediately and sent wherever and whenever the need to promote health and prevent disease was greatest. The Corps continues to exist today because our Nation's need for such a cadre remains, particularly as our public health is increasingly threatened by terrorism and the rapid globalization of communicable diseases.

For information about the long and colorful history of the U.S. Public Health Service and its Commissioned Corps, see Ralph Williams, *The United States Public Health Service, 1798–1950* (1951); Bess Furman, *A Profile of the United States Public Health Service, 1798–1948* (1973); and Fitzhugh Mullan, *Plagues and Politics: The Story of the United States Public Health Service* (1989).

You may be interested to know that agencies such as the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) had their start in the ever-expanding responsibilities of the U.S. Public Health Service. NIH traces its beginning to 1887, when a one-room laboratory was created within the Marine Hospital Service. Furthermore, CDC had its beginning on July 1, 1946, when the Communicable Disease Center was established as a small branch of the U.S. Public Health Service.

In which public health areas are Corps officers involved?

Corps officers are involved in:

- Disease control and prevention
- Biomedical research
- Regulation of food and drugs
- Mental health care
- Substance abuse treatment
- Health care delivery
- International health
- Emergency and humanitarian response, such as in response to 9/11, the anthrax crisis, and Hurricane Katrina.

What health professions do Corps officers represent?

Originally, the Corps was composed only of physicians. However, as the scope of public health has grown over time, so has the variety of professionals needed to carry out the Corps' responsibilities. Today's Corps includes officers in a number of professions involved in public health:

- Physicians
- Dentists
- Nurses

- Pharmacists
- Dietitians
- Engineers
- Environmental health officers
- Mental health specialists, including clinical psychologists and clinical social workers
- Optometrists
- Physician assistants
- Scientists/researchers
- Therapists (including occupational therapy, physical therapy, speech language pathology, respiratory therapy, and audiology)
- Veterinarians
- Officers in other health-related disciplines.
- National Institutes of Health
- Office of Public Health and Science
- Office of the Secretary
- Program Support Center
- Substance Abuse and Mental Health Services Administration
- Office of the Assistant Secretary for Preparedness and Response

Non-HHS Agencies/Programs

- District of Columbia Commission on Mental Health Services
- Environmental Protection Agency
- Federal Bureau of Prisons
- National Oceanic and Atmospheric Administration
- National Park Service
- U.S. Department of Agriculture
- U.S. Department of Defense
- U.S. Department of Homeland Security
 - Immigration and Customs Enforcement
 - U.S. Coast Guard
- U.S. Marshals Service

In which agencies do Corps officers serve?

Corps officers serve throughout HHS and non-HHS agencies that are involved in public health, as listed below.

The Corps promotes both programmatic and geographic mobility for the mutual benefit of officers and agencies. Officers who work within agencies as diverse as the Federal Bureau of Prisons and the National Park Service have an unparalleled opportunity to explore emerging and related public health issues. The broad scope of their experiences increases their value as a health professional for any agency to which they are assigned next.

HHS Agencies (OPDIVs)

- Agency for Healthcare Research and Quality
- Agency for Toxic Substances and Disease Registry
- Centers for Disease Control and Prevention
- Food and Drug Administration
- Health Resources and Services Administration
- Centers for Medicare and Medicaid Services
- Indian Health Service

What is the Corps management structure?

The Commissioned Corps is headed by the Secretary of HHS. Direct leadership is provided by the U.S. Surgeon General and the Office of the Surgeon General (OSG). The roles of other offices involved in Corps management are as follows:

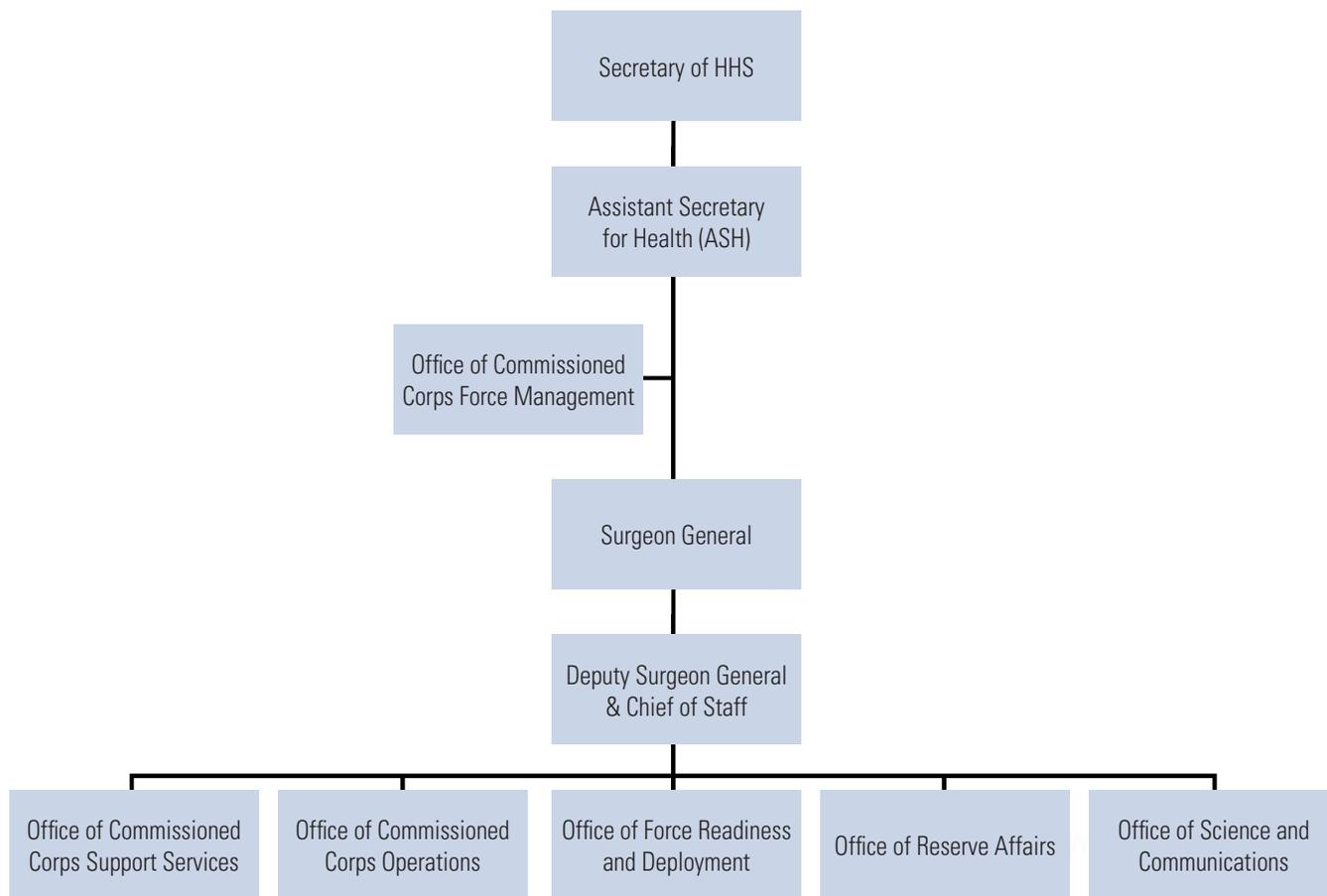
- *Office of Commissioned Corps Force Management* establishes timelines, performance standards, and measurements for evaluating the operations and management of the Corps and works closely with the OSG to facilitate operations and implementation of policies and programs.

- *Office of Commissioned Corps Support Services* coordinates Corps compensation and medical affairs issues.
- *Office of Commissioned Corps Operations* carries out the day-to-day management and administration of major Corps operational functions.
- *Office of Force Readiness and Deployment* coordinates Corps disaster response and preparation activities.
- *Office of Reserve Affairs* coordinates activities for the Public Health Service Inactive Reserve Corps (IRC). The IRC exists to provide a surge capacity during times of acute need and to fill critical staffing shortages that may impair the service’s ability to carry out this mission.
- *Office of Science and Communications* assists with the development and distribution of the Surgeon General’s health and promotion messages and activities.

Who are the Commissioned Corps Agency Liaisons?

Commissioned Corps liaisons are subject-matter experts on policies and procedures governing the administration of the Corps. They are a valuable resource for officers, supervisors, and senior agency officials seeking advice and counsel in these subject areas.

Contact information for the Corps liaison for each agency follows the description of the agency at www.usphs.gov/aboutus/agencies.aspx.



DEPLOYMENT

How often are Corps officers deployed away from their standard work situation?

One of the most common management concerns about having a Corps officer as a staff member is that the officer may be deployed at any time, leaving a staffing gap. In fact,

- Less than 10 percent of officers are deployed each year.
- Deployments frequently last less than 2 weeks.
- Only rarely, as for 9/11 and Hurricane Katrina, are large numbers of officers deployed for an extended period.

All officers are on call for 1 month out of every 5 months. Officers must be prepared to deploy at any time during their on-call month. This includes arranging work and personal plans as much as possible to accommodate their on-call schedule. Occasionally, officers may be deployed during a month when they are not on call due to a large-scale or high-profile event.

Do all Corps officers respond to all types of emergency response situations?

Corps officers are assigned to one of three tiers, with each tier providing different types of response.

- *Tier 1* includes
 - National Incident Support Teams which support the overall mission of command and control
 - Rapid Deployment Force (RDF) teams, which are multidisciplinary medical teams comprised of 105 officers each.
- *Tier 2* includes specialty teams that have a more focused role, such as:
 - Mental Health Teams
 - Applied Public Health Teams.

- *Tier 3* includes all Corps officers not assigned to either Tier 1 or Tier 2.

Does tier assignment affect the likelihood or duration of deployment?

No, tier assignment defines an officer's likely role, based on the type of team, and their response time. Response times may vary from 12 hours for Tier 1 to 3 days for Tier 3 officers.

How long is the average deployment?

Deployments typically last less than 2 weeks and may last only for a few days. For example, officers may be sent to the site of a potential hurricane strike as a precautionary measure. If a crisis does not materialize, the officer usually returns to the work site in less than 3 days.

How is a supervisor involved in deployment?

By their nature, emergencies can occur at any time. Therefore, whenever possible, supervisors should approve possible deployments prior to an officer's on-call month to facilitate readiness. Prior approval minimizes the need to contact supervisors on short notice or during off-duty hours or short notice to seek approval to respond to an emergency. Only on rare occasions will the HHS Secretary require officers to deploy without supervisor approval.

Why and when are Corps officers removed for training?

The Corps places great emphasis on an officer's training and career development. Training is an essential component to the ability of Corps officers to fulfill the Corp's mission. Through training and career development, the Corps develops well rounded public health professionals to advance HHS OPDIV/ STAFFDIV, non-HHS organizations, and Corps mission and goals. Training also is required to maintain an

officer's readiness to respond to health-related national and global emergencies.

Training covers a variety of types, topics, and formats. In general, the types of training include professional; OPDIV-specific such as regulatory requirements for FDA staff; public health; officership, including military protocols; leadership; and readiness.

Officers receive training upon call to active duty and throughout their careers. Officers should be well trained and have a strong foundation upon which to start and continue their careers. Therefore, consistent with the other uniformed services and 42 USC 204a, officers are expected to successfully complete a continuum of training and career development programs throughout their careers. These programs include:

- The 2-week Officer Basic Course (OBC), which is mandatory for all officers called to extended active duty (new hires).
- Additional training and career development programs as established by the Assistant Secretary for Health (ASH) including:
 - Officer Intermediate Course
 - Officer Advanced Course
 - Executive Course
 - Retirement Seminar.

Officers called to extended active duty after September 30, 2008, must complete the 2-week OBC prior to or within 90 days of reporting to their initial duty station unless waived by the SG. Officers still must complete this training within their first 180 days of duty.

RDF training usually occurs outside of an officer's on-call schedule. To minimize disruption of work and personal schedules, the Corps provides RDF training through mechanisms such as the U.S. Public Health Service Web-based learning management system, and through live field and team classroom training. In-person team training typically occurs every 2 years and requires travel and overnight lodging.

Management Role in Deployment and Training

- Supervisors approve an officer's tier assignment.
- Approval for an officer to be assigned to either Tier 1 or 2 signifies pre-approval of rapid deployments. Supervisors will be asked to approve deployment of officers in Tier 3 prior to their deployment.
- All officers should inform their supervisor of an upcoming on-call month (once every 5 months). Supervisors should approve Tier 3 potential deployments prior to the on-call month to facilitate rapid response to national emergencies or other threats.

Why do HHS OPDIVs/STAFFDIVs, non-HHS organizations, and the Corps support readiness and preparedness activities?

Readiness and preparedness activities are critical to our Nation's continuing public health and safety. So critical and continuing is this need that the HHS Secretary has made medical preparedness for emergencies, including terrorism, one of the department's top priorities.

HHS has established the office of the Assistant Secretary for Preparedness and Response (ASPR) to coordinate medical response and preparedness activities for HHS and our Nation. The ASPR also coordinates HHS health and medical response activities under Section 8 of the National Response Framework (NRF), for which HHS is the lead agency. The NRF establishes a process and structure for the systematic, coordinated, and effective delivery of Federal assistance to address the consequences of any major disaster or emergency declared under the Stafford Disaster Relief and Emergency Assistance Act.

In addition, many readiness programs are a natural extension of existing programs for agencies within HHS and non-HHS agencies (e.g., CDC, FDA, and NIH). By supporting readiness and preparedness activities through the Corps, these agencies are supporting their daily missions to promote and protect public health.

ADVANTAGES OF STAFFING WITH CORPS OFFICERS

What is the overall goal of Corps appointment and assignment of officers?

The overall goal of the Corps is to provide Federal and other agencies involved in public health with the right officer, for the right position, in a timely fashion. Specifically, the Corps helps these agencies achieve their missions and objectives by filling difficult-to-fill positions such as:

- Hazardous duty
- Isolated hardship
- Hard-to-fill vacancies.

To maintain staffing of difficult-to-fill positions, HHS OPDIVs/STAFFDIVs and non-HHS organizations must support rotations both to and from these sites.

Also, as explained in greater detail below, Corps officers can be called upon to provide staffing for short-term needs and work surges.

How does a supervisor make a request to fill a position with a Corps officer?

Supervisors have access to several resources to help fill vacant positions with Corps officers.

- Commissioned Corps agency liaisons play a critical role in the recruitment process, including advising, tracking, and counseling applicants.
- Office of Commissioned Corps Operations– Division of Commissioned Corps Assignments' Career and Assignment Managers assist with information on new applicants and officers available for transfer.
- Office of Reserve Affairs identifies Inactive Reserve Corps officers available for short tours.

What Corps values contribute to the ability of its officers to help achieve program missions and objectives?

The Corps has four core values that are central to its ability to fulfill its mission to protect, promote, and advance the public health and safety of our Nation. Officers apply these same values to the work they perform for the agency to which they are assigned. These values are:

- *Leadership*, which provides vision and purpose in public health through inspiration, dedication, and loyalty.
- *Service*, which demonstrates a commitment to public health through compassionate actions and stewardship of time, resources, and talents.
- *Integrity*, which exemplifies uncompromising ethical conduct and maintains the highest standards of responsibility and accountability.
- *Excellence*, which is reflected in superior performance and continuous improvement in knowledge and expertise.

What benefits can a supervisor expect from teaming with the Commissioned Corps?

A supervisor can expect:

- *Consistent delivery of a quality health professional* as a result of the Corps' careful hiring, development, and promotion of its officers:
 - Emphasizes the core values of leadership, excellence, service, and integrity.
 - Promotes both programmatic and geographic mobility to provide its officers with unparalleled opportunities for diverse and broad public health experiences.
 - Develops public health leaders through continuing readiness and preparedness opportunities.

This comprehensive approach to career development will ensure a consistent advancement of highly skilled public health professionals.

- *Flexibility in meeting OPDIV/STAFFDIV and non-HHS organization short-term staffing needs and work surges.* Corps officers can be assigned to temporary duty assignments (< 6 months) to meet temporary staffing needs and work surges, or as an interim solution to workforce gaps, while creating opportunities to smooth the transition to new staff.
- *Responsiveness in responding to evolving human resource needs.* The Corps operational infrastructure provides a mechanism to rapidly address both routine and priority human resource needs. Corps officers may be assigned to a position without advertising the vacancy. This minimizes the administrative burden of the hiring process, reduces staffing gaps, and promotes a smooth transition.
- *Adaptability in meeting rapidly evolving program needs.* An officer is not constrained by the requirements of a position description. Consequently, officers can perform collateral duties to achieve HHS OPDIV/STAFFDIV, non-HHS organization, and Corps missions without formal position restructuring. However, supervisors should ensure that new duties are clearly defined, and the officer's workload is adjusted accordingly to both ensure optimal performance and a positive working relationship.
- *Structure in addressing hardship, hazardous-duty and hard-to-fill HHS OPDIV/STAFFDIV and non-HHS organization vacancies.* The Corps has programs in place or in development to support the placement and rotation of officers to and from these otherwise difficult-to-fill positions. To ensure the most effective support of OPDIV/STAFFDIV and non-HHS vacancies, the Corps is developing a network of human resource centers, Corps liaisons, and career assignment managers to promote rapid identification, communication, and placement of officers related to program staffing needs.



MANAGING CORPS OFFICERS EFFECTIVELY

Staffing with Corps officers offers several benefits. The following questions address other management issues, such as personnel costs, leave, performance evaluation, awards and promotion, and retirement.

Is it more expensive to staff with Corps officers?

In general, staffing with Corps officers is no more expensive than staffing with their civilian counterparts, particularly when costs are viewed over an entire career.

Each HHS OPDIV/STAFFDIV and non-HHS organization may take a different approach but, in general:

- Pension and health insurance costs are addressed at the OPDIV level for civilians and by HHS for Corps officers.
- Human resource support operating costs are typically borne at the OPDIV level for civilians and at the local operating budget for Corps officers.

- Unlike their civilian counterparts, Corps officers are *not* eligible to receive a cash performance award, overtime pay, or TSP retirement fund matching.

In the end, the costs of Corps officer staffing versus civilian staffing must be evaluated individually. From the local hiring official perspective, a civilian hire may be more expensive in some circumstances and a Corps officer may be more expensive in other circumstances.

How does an officer's rank affect assignment?

The Commissioned Corps uses Navy rank and terminology; therefore, the rank structure starts at ensign and moves to captain. Admirals are the most senior leaders of the Corps.

Ideally, an officer's rank should be consistent with the position requirements. Placing a junior officer in a senior position or vice versa will often result in supervisor and officer dissatisfaction.

Rear Admiral (RADM): O-7		
Captain (CAPT): O-6		
Commander (CDR): O-5		
Lieutenant Commander (LCDR): O-4		
Lieutenant (LT): O-3		
Lieutenant Jr. Grade (LTJG): O-2		
Ensign (ENS): O-1		

What bearing does rank have on an officer's staffing position?

A key difference between civil service employees and uniformed services is the difference between grade or rank and position. Within a uniformed service such as the Corps, rank is vested in the officers themselves and not in the positions they hold. Therefore, an officer can be promoted without any change in his or her position. Supervisors, however, should try to ensure that a Corps officer's pay grade is consistent with the duties and requirements of the position.

How do supervisors evaluate a Corps officer's performance?

Supervisors of Corps officers conduct an annual performance evaluation, just as they do for all other employees. Similarly, a supervisor must establish clear and achievable goals for the officer's performance that are consistent with program objectives to promote his or her maximum performance.

The Corps provides supervisors with a standard form for performance evaluation, titled the *Commissioned Officer Effectiveness Report* or COER. The COER rating is one of the Corps' key tools for assessing an officer's career development and promotion potential.

Basics of COER completion are below:

- The COER is on a fiscal year cycle. Supervisors complete the COER in October, based on an officer's performance from October 1 to September 30 of the previous year.
- Supervisors may complete an interim COER to address a position transfer or to reflect a substantive change in performance.
- The COER is completed electronically via the Web.
- The COER has two parts:
 - In Section 1, the supervisor grades an officer's performance from high ("E"), to low ("A") in 18 specific questions covering various performance attributes.
 - In Section 2, the supervisor provides a one-page narrative describing the officer's performance, leadership, and

accomplishments over the previous year. The narrative should stress how the officer's performance supported HHS OPDIV/ STAFFDIV or non-HHS organization and Corps mission and objectives.

- If a Corps officer was supervised for less than 6 months, the supervisor MAY elect to provide only a narrative report.

Management Role in an Officer's Performance Evaluation

- A supervisor evaluates an officer's performance annually, by October, based on work performed during the previous year.
- A supervisor may submit an interim evaluation to address a position transfer or to reflect a substantive change in performance.
- A supervisor may complete only the narrative portion of the evaluation if the officer has been in the position less than 6 months.
- If an officer's performance is not meeting a supervisor's expectations, the COER evaluation should not be the first time an officer is made aware of problems.
- **Required form:** *Commissioned Officer Effectiveness Report*, or COER, available at http://dcp.psc.gov/cc_forms.asp#Performance.

Does an officer's performance evaluation affect his or her promotion opportunities?

Yes, an officer's performance has a significant effect on promotion opportunities. The Corps promotion boards review the service records of each officer under consideration and assign the officer a score for each of five specific promotion precepts. As shown below, an officer's performance carries the greatest weight in promotion consideration:

1. Performance rating and reviewing official statement—COER scores (40 percent)
2. Education, training, and professional development (15 percent)

3. Career progression and potential (25 percent)
4. Professional contributions and services to the Corps (officership) (15 percent)
5. Response readiness (5 percent).

Does the Corps have benchmarks for performance?

Yes, the Corps establishes benchmarks for each professional category. These benchmarks are levels of achievement and standards of excellence that describe the “best-qualified” officers for that category. These benchmarks serve as a basis by which officers are measured within each profession and are used in assigning scores for each precept.

The chief professional officers and professional advisory committee chairs, in consultation with members of specific professions, revise the benchmarks annually to reflect the ever changing missions and policies of the Corps.

When is a Corps officer considered for promotion?

An officer’s promotion eligibility is based on the number of years of professional experience. Early promotion is available for officers who have demonstrated exceptional capabilities.

The annual promotion cycle begins on January 1. Officers and supervisors should work together to ensure that awards, letters of recognition, and other documents are submitted in a timely fashion to be considered for an officer’s next promotion.

Promotion boards meet in the early spring, with annual promotions typically announced in June. Officers are competitively reviewed against their peers by senior individuals within their professional category.

Officers are required to meet pre-established readiness requirements including training, fitness, basic life support, and immunizations. Officers who fail to meet the readiness requirements will *not* be promoted.

What followup should a supervisor take if an officer is not promoted?

Supervisors play an integral role in supporting an officer’s career advancement by ensuring that an officer understands work plans and performance expectations. If an officer is not promoted, the supervisor should meet with the officer to discuss future work plans as well as areas that the promotion board has identified for improvement.

If the officer’s promotion score falls into the lowest quartile, the supervisor may encourage the officer to seek the category-specific mentoring and counseling that the Corps offers.

Management Role in Promotions

- The annual promotion cycle begins on January 1 of each year. Supervisors and officers should begin working together 1 year in advance to ensure that awards, letters of recognition, and other documents necessary for promotions are submitted in a timely fashion.
- If an officer is not promoted, the supervisor should:
 - Counsel the officer on future work expectations and opportunities for the officer to improve in areas identified by the promotion board.
 - Encourage the officer to take advantage of category specific mentoring and counseling offered by the Corps.

For more information on promotion, including information on the promotion process, eligibility, and category benchmarks, visit the Corps Promotion Web site at http://dcp.psc.gov/ccbulletin/articles/promotions_table_of_contents.aspx.

What is the purpose of Corps awards?

Awards play a vital role in an officer's promotion potential and career progression, and also are an important way for supervisors to formally recognize deserving officers. Officers wear awards on their uniforms that:

- Provide visibility of their accomplishments.
- Improve morale.
- Establish *esprit de corps* and camaraderie as officers share their experiences through the visual award history on their uniforms.

What types of awards are Corps officers eligible to receive?

Corps officers are eligible for three major categories of awards: individual, unit, and service. Supervisors are involved in helping Corps officers receive the first two.

- *Individual awards* recognize an officer for personal achievements. There are multiple types of individual awards, with an established order of precedence based on the significance of the accomplishment.
- *Unit awards* take a similar approach to that of individual awards with the exception that unit awards recognize two or more officers for a single achievement.
- *Service awards* or ribbons are granted based on the officer's assignment or participation in selected organizations. Identification and distribution of service awards generally is coordinated by the Corps and typically does not require supervisor intervention.

When and how does a supervisor nominate an officer for an award?

The Corps award cycle runs from July 1 to June 30 each year, but officers can be nominated for an award at any time during the course of the award year. A supervisor or a co-worker may prepare and submit an award nomination for an officer.

Award nominations must be submitted via the PHS Form 6342. The PHS Form 6342-1 is used for unit

awards and the PHS Form 6342-2 is used for individual awards. Award nominations must include a brief, easy-to-read narrative describing justification for the award.

Please note that each HHS OPDIV/STAFFDIV and non-HHS organization may have special policies and procedures regarding Corps award submissions.

Management Role in Awards Nominations

- A supervisor or a co-worker may nominate an officer for an individual or unit award at any time during the Corps award cycle, which runs from July 1 to June 30 each year.
- **Required form:** PHS Form 6342-1 is used for unit awards and the PHS Form 6342-2 is used for individual awards. Blank forms are available at http://dcp.psc.gov/cc_forms.asp#Awards.

What types of leave do Corps officers receive?

Corps officers are eligible for several different types of leave. PHS Form 1345, Request and Authority for Leave of Absence, is required for annual leave and may be used for other types of leave. PHS Form 1345 is not required for station leave.

- *Annual Leave*
 - Is based on the calendar year.
 - Accrues at a rate of 2.5 days per month or 30 days per year.
 - Officers may carry over 60 days of leave per year. Unused leave greater than 60 days is deducted from an officer's leave balance at the start of the new year.
 - May only be taken in full-day increments.
 - "Bookends" weekend days. If an officer takes annual leave on both Friday and Monday, then Saturday and Sunday count as leave (i.e., 4 full days of annual leave).
- *Sick Leave*
 - Does not accrue.

- Is granted as needed to cover a period of illness or childbirth (6 weeks of maternity leave for a routine delivery or 8 weeks for a c-section delivery).
- A supervisor may request a medical statement when an illness is longer than 3 days or abuse is suspected (these statements should be forwarded to the Corps Medical Affairs Branch).
- *Station Leave*
 - Includes all nonduty hours such as weekends as well as partial days.
 - Is granted on a discretionary basis for personal matters.
- *Administrative Leave*
 - Does not accrue.
 - Is granted on a discretionary basis up to 5 days per year.
 - Is typically used for professional training and examination.



Whom can supervisors call with their management questions?

Supervisors can send their questions about managing Corps officers to Supervisorhelpdesk@hhs.gov.

Where can I find additional information about teaming with the Corps?

The following resources can assist supervisors who have additional questions or want more information about the Corps:

- Corps policies: <http://dcp.psc.gov/eccis>
- Corps-agency interface: See www.usphs.gov/aboutus/agencies.aspx for your agency's Commissioned Corps liaison's contact information.

Thank you for visiting the Corps Awareness Program for Supervisors (CAPS) Web site. This initial phase has been designed to provide supervisors with an overview of the Corps and key topics to aid in the management of Corps officers. There are several planned additions to the CAPS Web page. Please continue to check back for updates and new features.

Management Role in Leave Approval

- Supervisors approve all leave.
- **Required form:** PHS Form 1345: Request and Authority for Leave of Absence, except for station leave. Blank forms are available at http://dcp.psc.gov/cc_forms.asp#.

When are Corps officers eligible for retirement?

Commissioned officers are vested and eligible for retirement after 20 years of service. They may *request* a voluntary retirement once they've reached that length of service. Voluntary retirements require HHS OPDIV and Corps approval. The Corps grants most voluntary requests for retirement.

The mandatory retirement for Corps officers is 30 years, although the Corps may grant an extension on a case-by-case basis.

