



SEPARATION OF COMMISSIONED OFFICER

(See Page 4 for Instructions and Privacy Act Notice)

THIS FORM MUST BE RECEIVED IN CCHQ 120 DAYS PRIOR TO LAST DAY OFFICER IS PHYSICALLY AT THEIR DUTY STATION

DATE RECEIVED IN CCHQ (mm/dd/yyyy)

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

1. NAME 3. GRADE T P CATEGORY CORPS Regular Ready Reserve 2. PHS NO.

4. PRESENT STATION (Organization, Address, ZIP Code) E-MAIL ADDRESS PHONE NO.

5. TYPE OF SEPARATION

Retirement Termination Inter-service Transfer

For Retirements: PACs would like to offer career acknowledgement of your retirement. Can we share with your PAC that you are queued for retirement? Yes No

6. REASON FOR SEPARATION

7. LAST DAY AT DUTY STATION (mm/dd/yyyy)

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

TERMINAL LEAVE BEGINS (AFTER LAST DAY AT DUTY STATION) (mm/dd/yyyy)

NOTE: Terminal Leave dates cannot be changed. Please read the section titled "Terminal Leave" in CCI 362.01 "Annual Leave." CCI 362.01 "Annual Leave," is available on the Commissioned Corps Management Information System (CCMIS) website - https://dcp.psc.gov

9. SEPARATION PHYSICAL EXAMINATION STATION DATE (mm/dd/yyyy)

I elect to take a physical examination

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 Dependents Household Goods OR Housetrailer Shipment of Auto (Overseas only) Non-temporary storage (Overseas only) 11. MODE OF TRAVEL (OFFICER ONLY) Private conveyance Commercial common carrier 12. I ELECT TO TRAVEL TO (AS SPECIFIED IN ORIGINAL ORDERS) CITY STATE Home of record Place from which called to active duty Home of selection (Retirees only)

13. PERMANENT MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) E-MAIL ADDRESS PHONE NO.

14. I have read CCI 387.01 "Separation of a Commissioned Officer," and understand my rights and responsibilities with regard to separation from active duty with the Public Health Service Commissioned Corps. CCI 387.01 "Separation of a Commissioned Officer," is available on the CCMIS Website -- https://dcp.psc.gov. All of the information I have provided above is true and accurate to the best of my knowledge.

SIGNATURE OF OFFICER SEPARATING DATE (mm/dd/yyyy)

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

(continued on next page)

NAME

PHS SERIAL NO.

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

DO YOU RECOMMEND OFFICER FOR:

Ready Reserve Yes No Active duty in the future Yes No Terminal leave approved Yes No

COMMENTS

SIGNATURE OF IMMEDIATE SUPERVISOR _____ DATE (mm/dd/yyyy) _____

PART C. TO BE COMPLETED BY FISCAL/ADMINISTRATIVE OFFICER

1. PAY AND ALLOWANCES CHARGEABLE TO	2. PDN
Common Accounting No.	
Travel CAN	Standard Billet? Yes No
Accounting Point Designated Agent	Abolish Billet? Yes No

SIGNATURE OF FISCAL/ADMINISTRATIVE OFFICER _____ DATE (mm/dd/yyyy) _____

COMMENTS:

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INSTRUCTIONS FOR COMPLETING FORM PHS-1373

If you are separating (retiring or terminating) you need to complete Part A of Form PHS-1373, forward it to your supervisor to complete Part B, and then to your agency liaison to complete Part C. Some agencies require you to send Form PHS-1373 to the Budget Administrator and/or center/local/regional office before forwarding to your agency liaison. Check with your agency leadership for specifics. Ultimately, Commissioned Corps Headquarters (CCHQ) Separations Team needs to receive your completed PHS-1373 no later than 120 days prior to the last day you are at duty station.

Part A (completed by separating officer):

- 1. Name.** Enter your name (Last, First, Middle Initial) as it appears on your official PHS records.
- 2. PHS Number.** Enter your PHS Serial Number. It is a five-digit number shown in the upper right corner of every official personnel order you receive. Also, if you are retiring, add your Employee ID number. It is your old Direct Access number (seven digits).
- 3. Grade, Category, and Corps.** Enter your temporary grade. Enter your professional category. Indicate if you are in the Regular Corps or Ready Reserve.
- 4. Present Station.** Enter the organization to which you are currently assigned, normally the Agency/Operating Division (OPDIV)/Program level. Indicate your complete work address (street address, city, state, and zip code), e-mail address, and telephone number. Indicate a room number and building, if applicable.
- 5. Type of Separation.** Indicate what type of separation is requested: retirement or termination.
- 6. Reason for Separating.** Complete as appropriate.
- 7. Last Day at Duty Station.** Whether you are retiring or terminating, the last day at the duty station is the last day you are working and on duty. Example: CAPT Jones would like to retire on Monday, July 1st. They plan to take terminal leave from Saturday, June 1st- Sunday, June 30th. They would enter Friday, May 31st in section 7 as their Last Day at Duty Station.
- 8. Terminal Leave Requested.** Indicate whether terminal leave is requested. Actual dates of terminal leave must be provided and approved. Terminal leave is defined as the Annual Leave dates you take consecutively *after your last day at duty station* up until your effective retirement date. This includes the weekend day immediately following your last day at duty station and preceding your effective date. All requested leave indicated on the PHS-1373 must be entered and approved in eCorps. Submit a copy of your eCorps leave along with your PHS-1373. Terminal dates CANNOT be changed.
- 9. Separation Physical Examination.** Elect or waive to take a separation physical examination. It is beneficial to have an Exit Physical Exam upon separation (1 year to 6 months before your requested separation date) since the examination serves to protect any future entitlements for benefits provided by the Veterans Administration (VA). These benefits include disability compensation and healthcare for service-connected disease or injuries. Therefore, it is important that your health status at the time of separation from active duty is documented in your official health file maintained at the Medical Affairs Branch (MAB). If you are able, list the name of the facility where you are scheduled to take your examination and the date of examination.
- 10. Travel and Transportation Requested.** Please check the dependents box if you have dependents that will be participating in your separation travel. Please check Household Goods if you are not moving a House trailer (i.e., mobile home). Only select shipment of auto and/or non-temp storage if you are traveling from, or to, a water-bound area where there is not a drivable path.
- 11. Mode of Travel (Officer Only).** Check the "private conveyance" option. You will be driving unless you have a medical condition that prevents you from driving or if you are traveling from or to a water-bound area where there is not a drivable path. If you meet the exceptions, then you will be flying and should mark "commercial common carrier", instead of private conveyance.
- 12. Election of Travel.** *For retiring officers:* if known, specify your home of selection (HOS) in this section. You have 3 years to initiate and complete your move. Travel is coordinated and paid by the agency. Please contact your liaison or visit the Joint Travel Regulations website if you have travel specific questions. *For terminating officers:* specify the name of the city and state to which you request travel and if it is your 1) home of record (HOR); 2) the place from which you were called to active duty (PLEAD); or 3) a location of lesser distance. You have 120 days to initiate and complete your move. Travel is coordinated and paid by the agency. Please contact your liaison or visit the Joint Travel Regulations website if you have travel specific questions.
- 13. Permanent Mailing Address after Separation.** You must furnish an accurate mailing address for important documents to be mailed (i.e.: Form W-2, USPHS DD-214/US flag/certificates, etc.). If your permanent mailing address is a PO Box, please provide an alternate physical address for the mailing of your DD-214. The DD-214 mailing requires a physical address. Also include a personal email address and phone number where you may be contacted after separation. If any of your personal contact information changes within a year of your separation, you must provide written notification to CCHQ Separations and Financial Services Branch via the Home of Selection (HOS) Memo and/or the PHS-6363 "Request to Establish/Change Mailing Address".
- 14. Signature.** Certify, by your signature, that you have read the updated Separation Policy (CCI 387.01) amended January 2023, understand your rights and responsibilities with regard to separation from active duty, and that the information you are providing on form PHS-1373 is correct and accurate. You must sign and date the form. The date of your signature is the form date. However, the date the form is received by CCHQ Separations must be in compliance with the 120 day policy.

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PART B (completed by Supervisor of separating officer):

1. Supervisor must check yes or no to approval of terminal leave. Supervisor must also sign and date acknowledging your request to separate.

Part C (completed by Agency of separating officer):

1. Agency liaison/budget administrator ensures Common Accounting Number (CAN), Travel CAN, and (Travel) Accounting Point are listed in Part C. We cannot produce orders without this information.

Additional Questions? Please email us at PHSCCSeparations@hhs.gov