

**CERTIFICATION FOR INTERMITTENT TOURS OF DUTY**

(Separate authorizations must be prepared for each tour of duty [i.e., 1 or more consecutive days of duty])

(Print or Type)

**SECTION I: Certification (To be completed by PROGRAM / STATION AUTHORIZING OFFICIAL)**

1. To Officer

Name	Social Security Number (SSN)
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Address

2. From

Name	Bldg
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Address

3. Pursuant to Personnel Order \_\_\_\_\_ dated \_\_\_\_\_, you are hereby ordered to Active Duty:

a. Period

From \_\_\_\_\_ through \_\_\_\_\_

b. Reporting

No later than \_\_\_\_\_ hours on \_\_\_\_\_ to

Person \_\_\_\_\_

Building and Address

c. Purpose of Active Duty

**SECTION II: Certification (To be completed by PROGRAM / STATION AUTHORIZING OFFICIAL)**

5. To (Supervisor)	6. From (Officer)
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7. Request payment of pay and allowances authorized in accordance with 37 U.S.C. for the period

From \_\_\_\_\_ through \_\_\_\_\_

I hereby certify that I:

a. Departed my place of residence on \_\_\_\_\_ at \_\_\_\_\_ hours via \_\_\_\_\_

b. Reported for duty as required by Section I above, on \_\_\_\_\_ at \_\_\_\_\_ hours

c. Departed my appointed duty station on \_\_\_\_\_ at \_\_\_\_\_ hours via \_\_\_\_\_

8. Name, SSN, Public Health Service Serial Number, and Grade of Officer

Signature	Date
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**SECTION III: Certification of Active Duty** *(To be completed by OFFICER'S IMMEDIATE SUPERVISOR FOR TOUR OF DUTY)*

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9. To Commissioned Corps Headquarters ATTN: Financial Services Branch 1101 Wootton Parkway, Suite 300 Rockville, MD 20852	10. From <i>(Station)</i>
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11. I certify that subject named officer specified in Section I performed duties on the dates and times specified in Section II and:

a. Government quarters were not available except for the period from

From \_\_\_\_\_ through \_\_\_\_\_

b. Government mess was not available except for the period from

From \_\_\_\_\_ through \_\_\_\_\_

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12. Name, Grade, and Position Title of Certifying Officer

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Signature	Date
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**INSTRUCTIONS FOR FORM PHS-6231**  
**"Certification for Intermittent Tours of Duty"**

**GENERAL**

1. Separate authorizations must be prepared for each tour of duty (i.e., 1 or more consecutive days of duty).
2. Authorizations received in the Division of Commissioned Corps Personnel and Readiness by the 17th of the month will normally be paid in the payroll processed for that month.

**SECTION I: Certification** (*To be completed by PROGRAM / STATION AUTHORIZING OFFICIAL*)

- Item 1 Name, Social Security Number (SSN), address of officer to be called to active duty.
- Item 2 Program or station authorized to call an officer to active duty for intermittent tours of duty.
- Item 3 Personnel order number and date of the order which authorizes the officer-in-charge to call the officer to active duty on an intermittent basis.
- Item 3a Inclusive dates of the tour the officer is being called to perform.
- Item 3b Hour (using 24 hour clock) and date the officer is to report and to whom and where the officer is to report for duty.
- Item 3c Specify the reason the officer is being called to active duty (e.g., training).
- Item 4 Name, grade, duty title, and signature of the official within the Agency authorized to call the officer to duty; date authorization was signed.

**SECTION II: Certification** (*To be completed by PROGRAM / STATION AUTHORIZING OFFICIAL*)

- Item 5 Officer's immediate supervisor for tour of duty.
- Item 6 Same as Item "1."
- Item 7 If travel is authorized on your personnel order, the period for which payment is requested will begin on the day of departure from your place of residence and continue through the day of your return. At no time will it exceed the period for which you were called to duty as specified in Section I.
- Item 7a Applicable only if travel is authorized on your personnel order.
- Item 7b and 7c Self explanatory.
- Item 8 Name, SSN, Public Health Service serial number, grade, and signature of the officer performing the duty; date the request is being signed.

**SECTION III: Certification of Active Duty** (*To be completed by OFFICER'S IMMEDIATE SUPERVISOR FOR TOUR OF DUTY*)

- Item 9 Self explanatory
- Item 10 Same as Item "2."
- Item 11 Self explanatory
- Item 12 Name, grade, position title, and signature of officer's immediate supervisor for tour of duty; date certificate was signed.

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## PRIVACY ACT STATEMENT

**Records System:** 09-40-0001 "PHS Commissioned Corps General Personnel Records," HHS/PSC/HRS, and 09-40-0010 "Pay, Leave and Attendance Records," HHS/PSC/HRS.

**Authority for Collection of Information:** 37 U.S.C. 201, 301, and 401; 42 U.S.C. 202 et seq., 213; and Executive Order 9397.

**Purposes and Uses:** The principal purpose for collecting this information is to determine the period an individual is authorized pay and allowances for an intermittent tour of duty. The information will be used to authorize payment or nonpayment of pay and allowances. The information may be used for study purposes and/or collection of statistical data for reports to other Federal agencies and the Congress, and for other lawful purposes, including law enforcement and litigation. Otherwise, the information you provide on this form will not be disclosed outside this Department without written consent.

**Information Regarding Disclosure of Your Social Security Number (SSN):** Disclosure of the SSN is mandatory under provisions of the Social Security Act. Public Health Service (PHS) commissioned officers are under Social Security coverage and employment and taxes must be withheld from their compensation. The SSN is also used as an identifier throughout an officer's career. It is used primarily to identify an officer's personnel, leave, and pay records and to relate one to the other. The SSN is also used in connection with lawful requests for information from former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The use of the SSN is made necessary because of the large number of present and former active, inactive, and retired officers and applicants who may have identical names and birthdates, and whose identities can only be distinguished by the SSN.

**Effects of Nondisclosure:** All of the information, except the SSN, is furnished voluntarily. Failure to supply complete and accurate information may result in delays and/or errors in determining rates of pay and allowances authorized and, therefore, result in late payment or nonpayment. All statements are subject to verification.