

POSITION/BILLET ADDENDUM

(Memorandum of Assignment)

To Participate in the Delivery of Clinical Services as Appropriate to Maintain Competence in Areas of
Clinical Specialty Training in Order to Maintain the Corps' Readiness Requirements

1. PHS Officer Information:

| | | | |
|-------------------------|----------|-----------------------|-----------|
| Last Name | | First Name | |
| PHS Serial Number | Category | Rank | Pay Grade |
| Position/Billet Number: | | Position/Billet Title | |
| Specialty | | | |

2. Current Duty Station Information:

| | |
|------------------|---------------------|
| Agency | |
| Address | |
| Work Number | Work E-Mail Address |
| Federal Facility | |

3. Facility Information Where Additional Duties Are Performed:

| | |
|---|---------------------------|
| Name of Facility | Agency |
| Address | |
| Immediate Supervisor | |
| Number of Hours Authorized Per (select one) <input type="checkbox"/> Week <input type="checkbox"/> Month | Renewal Date (mm/dd/yyyy) |

4. Brief Description of Official Duty Activities:

5. Signatures:

| | |
|--|-------------------|
| Officer | Date (mm/dd/yyyy) |
| Immediate Supervisor at Current Duty Station | Date (mm/dd/yyyy) |
| Agency Liaison | Date (mm/dd/yyyy) |
| VA Agency Liaison (for VA-MOU only) | Date (mm/dd/yyyy) |

Read and Initial each item below.

1. This form can be used for official duty activities at both Federal and non-Federal agencies/sites. If the activity is a non-official duty activity, then you must submit Form HHS-520 and obtain approval from your agency ethics department.

(Officer's Initials)

2. Non-official duty activities are usually not covered under the Federal Tort Claims Act.

(Officer's Initials)

3. If your official duty activity authorized by this addendum is supervised by someone other than your regular supervisor, you will need your non-regular supervisor's approval on any additional documentation that will be required.

(Officer's Initials)

4. A supervisor may require documentation to support official duty activities performed (e.g. statement of work, approved clinical privileges, agreements).

(Officer's Initials)

5. As an officer I am responsible for reporting any official duty activities performed. A position/billet addendum form must be updated and submitted for inclusion into the eOPF annually.

(Officer's Initials)
