

DEPARTMENT OF HEALTH AND HUMAN SERVICES

NOTICE OF ARRIVAL – COMMISSIONED OFFICERS

This is not a travel reimbursement form.

Form must be completed by all Commissioned Corps officers called to duty or transferred while on duty.

1. IDENTIFICATION			PAYROLL USE ONLY
a. Last Name, First Name, Middle Initial (<i>Print or Type</i>)	b. Grade / Rank	c. SERNO	
d. Organization and Station	e. Duty/Cell Phone Number	f. Social Security Number	
2. P.O. AUTHORIZATION			
a. Authorization for Call to Duty/Transfer TDY Personnel Order Number	Date of Order (<i>mm/dd/yyyy</i>)	Effective Date (<i>mm/dd/yyyy</i>)	
b. Purpose of Travel Call to Active Duty <input type="checkbox"/> Transfer <input type="checkbox"/>			

3. ITINERARY NOTE:

*The **initial** entry of your itinerary must reflect the location of your "old" permanent duty station. If you are being called to active duty (CAD), your "old" permanent duty station is the location where you actually began your travel in conjunction with your CAD order.

The **final entry of your itinerary must reflect the date you arrive for work at location of your "new" permanent duty station; not your residence at the new duty station.

***Please indicate on the departure section, when you departed your last duty or your call to duty location with the date, time, city and state you left that location. Next, indicate on the arrival section, when you reported to your work/duty station for your first (1st) day of work with the date, time, city and state you arrived at that location. Please do not indicate when you arrived in the area on travel time or leave.

Date (<i>mm/dd/yyyy</i>)	Local Time	Location (City and State)	Mode of Travel	Reason for Stop
	DEP			
	ARR			
	DEP			
	ARR			
	DEP			
	ARR			
	DEP			

4. MAILING ADDRESS

Street Address	City	State	Zip Code
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NOTE: You will receive at the above address, your monthly earning statement, bonds, Form W-2, and any other payroll related documents. Your pay **MUST BE** directly deposited into a financial institution of your choice.

5. *I certify that the above information is true and correct. I understand that making a false statement or claim against the U.S. Government is punishable by a fine of not more than \$10,000 or imprisonment for not more than 4 years or both. (Act of June 25, 1948, 18 U.S.C. 287, 1001).*

Signature	Date (<i>mm/dd/yyyy</i>)
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DO NOT COMPLETE PRIOR TO ARRIVING AT DUTY STATION

INSTRUCTIONS AND PRIVACY ACT NOTICE FOR FORM PHS-2874, NOTICE OF ARRIVAL -- COMMISSIONED OFFICERS
(This form is for Payroll use only and not to be used for travel reimbursement.)

GENERAL: Read the instructions and Privacy Act Notice below before completing the form.

This form must be completed by every officer who has received a call to active duty order or permanent change of station order.

INSTRUCTIONS FOR COMPLETING FORM PHS-2874

All responses should be typed or printed in ink.

Items 1 and 2 – Self-explanatory

Item 3 – Show your itinerary. Your first entry must reflect the City and State you began your travel. Your last entry must reflect the City and State of your permanent duty station as shown on your personnel order. Indicate your mode of travel, reason for a stop. Intermediate stops must be shown only if you remained at the location for at least 24 hours or the purpose of the stop was temporary duty (TDY). The following abbreviations are to be used.

Mode of Travel

First Letter

Transportation Request T
Government Transportation G
Commercial Transportation (own expense) C
Private Vehicle P

Second Letter

Auto A
Bus B
Plane P
Rail R
Vessel V

Reasons for Stops

Awaiting Transportation AT
Change Mode of Transportation CM
Leave / Delay Enroute LV
Adverse Weather WX
Mission Complete MMC
Mechanical Difficulty MEC
Remain Overnight RON
Temporary Duty TDY

Item 4 – Enter the address where you want to receive your payroll related documents, i.e., monthly earning statement, etc. NOTE: You will receive your monthly earning statement, bonds (if applicable), Form W-2, and any other payroll related documents at the address above. Your pay **MUST BE** directly deposited into a financial institution of your choice.

Item 5 – Self-explanatory

Submit completed form to:

Commissioned Corps Headquarters
ATTN: Financial Services Branch
1101 Wootton Parkway, Suite 300
Rockville, MD 20852

Retain a photocopy for your records.

**PRIVACY ACT NOTICE FOR
PHS COMMISSIONED OFFICER'S NOTICE OF ARRIVAL**

This statement is provided to the Privacy Act of 1974 (5 U.S.C. 552a). Our authority to collect this information is 37 U.S.C. 403; 42 U.S.C. 202 et seq.; and Executive Order 9397, "Numbering System for Federal Accounts Relating to Individual Persons."

The information provided on this form will become part of record systems 09-40-0001, "PHS Commissioned Corps General Personnel Records," HHS / PSC / HRS, and 09-40-0010, "Pay, Leave and Attendance Records," HHS/ PSC/HRS.

PRINCIPAL PURPOSE AND ROUTINE USES – This information is used to determine the date an officer reported to his / her duty station, in conjunction with a permanent change of station (PCS). The purpose is to determine an officer's entitlement to Basic Allowance for Housing (BAH). The other uses which may be made of this information are described in the system notices for records systems 09-40-0001 and 09-40-0010. A copy of these systems notices may be obtained from the office to which you submit this form.

EFFECTS ON NONDISCLOSURE – Disclosure of the Social Security Account Number (SSAN) is mandatory under provisions of Executive Order 9397 to obtain benefits and services as or on behalf of a commissioned officer. Disclosure of the remaining information is required to obtain this benefit. Failure to provide the remaining information may result in late payment, nonpayment, or collection of monies previously paid for BAH if you receive a payment based on erroneous information. All statements are subject to verification.