

ENGINEERING AND SCIENTIFIC CAREER CONTINUATION PAY (ESCCP) CONTRACT REQUEST <small>(Privacy Act Notice on Reverse)</small>			DCP USE ONLY
			DATE REC'D: _____
1.	IDENTIFICATION		
A. NAME <i>(Last, First, Middle Initial)</i>	B. GRADE/RANK	C. PHS SERIAL NO.	CT. DATE:
D. ORGANIZATION	E. DUTY PHONE NUMBER	F. SSN	EXP. DATE:
2.	CONDITIONS OF CONTRACT		
<p>In consideration of payment of the above requested special pay for which I qualify under 37 U.S.C. 315 and implementing policies prescribed in INSTRUCTION 11, Subchapter CC22.2 of the Commissioned Corps Personnel Manual (CCPM), I hereby agree to the following:</p> <p>A. To remain on active duty in the PHS Commissioned Corps for 12 months from the effective date of this contract in a critical shortage position.</p> <p>B. That the EFFECTIVE date will be the DATE THE NOTARIZED CONTRACT IS RECEIVED in the Compensation Branch (CB), Division of Commissioned Personnel (DCP), except for conditions listed below:</p> <p style="margin-left: 20px;">(1) Effective date for initial contract will be the:</p> <p style="margin-left: 40px;">(a) Date I attain eligibility for ESCCP provided the completed contract is received in CB, DCP, within 60 days after I am initially eligible, and the contract bears my signature, notarized within 30 days after I am initially eligible for ESCCP; or</p> <p style="margin-left: 40px;">(b) Date the completed contract is notarized if received in CB, DCP, within 60 days of the date of eligibility but has not been notarized within 30 days of date of initial eligibility; or</p> <p style="margin-left: 40px;">(c) Later date, if eligible, specified by me, which is _____, _____.</p> <p style="margin-left: 20px;">(2) Effective date for subsequent contracts will be the:</p> <p style="margin-left: 40px;">(a) Date following the date the preceding contract expires, provided the completed contract is received in CB, DCP, within 60 days after the date of expiration of the previous contract, and the contract bears my signature, notarized on or before the date following the date the preceding contract expired; or;</p> <p style="margin-left: 40px;">(b) Date the completed contract is notarized if received in CB, DCP, within 60 days after the date of expiration of the previous contract, but has not been notarized on or before the date the previous contract expired.</p> <p>C. If this contract is terminated prior to its expiration date for reasons other than as identified in F. below:</p> <p style="margin-left: 20px;">(1) I will be required to refund a pro rata portion of my payment received pursuant to this contract;</p> <p style="margin-left: 20px;">(2) I will be divested of entitlements for travel and transportation allowances for myself and my dependents, shipment of household goods, and transfer or use of, or payment for unused annual leave to my credit upon separation from PHS; and</p> <p style="margin-left: 20px;">(3) Any amount which I am obligated to refund because this contract is terminated will be a debt due to the United States which I hereby agree to pay in full as directed by the appropriate collections officials. In accordance with Treasury Fiscal Requirements Manual (1 TFRM 6-8000, Cash Management), late charges may be assessed for payments made after the due date on amounts owed to the U.S. Government.</p> <p>D. That a period of Absence Without Leave (AWOL) shall not be credited toward fulfillment of the active-duty obligation incurred pursuant to this contract and that the period of such active-duty obligation shall be extended by the number of days of AWOL.</p> <p>E. That the policies (INSTRUCTION 11, Subchapter CC22.2 of the CCPM) which implement the ESCCP provisions of 37 U.S.C. 315 are incorporated into and made part of this contract.</p> <p>F. That if I enter a long-term training program as defined in INSTRUCTION 1, Subchapter CC25.2 of the CCPM, this contract will be terminated and I will repay an amount as specified in C.(1), above.</p> <p>G. That I am NOT ELIGIBLE for voluntary retirement for the duration of this contract.</p>			
3.	CERTIFICATION		
<i>I certify that I understand and agree to the terms of this contract as stated above.</i>			
SIGNATURE			DATE
4.	NOTARIZATION		
<i>Subscribed and sworn before me this _____ day of _____, A.D., _____.</i>			
<i>at _____ (City) _____ (State) _____ (ZIP Code)</i>			
SIGNATURE			DATE COMMISSION EXPIRES

5.	SUPERVISOR CERTIFICATION		
<p>Check appropriate box below:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> <i>IS RECOMMENDED for Engineering & Scientific Career Continuation Pay.</i> </div> <div style="width: 45%;"> <input type="checkbox"/> <i>IS NOT RECOMMENDED for Engineering & Scientific Career Continuation Pay. (A written explanation must accompany this contract.)</i> </div> </div>			
Signature	Title	Date	
6.	AGENCY CERTIFICATION		
<i>I certify that this officer is eligible to receive this pay, and recommend payment.</i>			
Signature	Title	Date	

PRIVACY ACT NOTICE
PHS COMMISSIONED CORPS ENGINEERING AND SCIENTIFIC CAREER CONTINUATION PAY (ESCCP)
CONTRACT REQUEST
(FORM PHS-7015)

Records System:	09-40-0001	PHS Commissioned Corps General Personnel Records, HHS/PSC/HRS
	09-40-0002	PHS Commissioned Corps Medical Records, HHS/PSC/HRS
	09-40-0003	PHS Commissioned Corps Board Proceedings, HHS/PSC/HRS
	09-40-0004	PHS Commissioned Corps Grievance, Investigatory, and Disciplinary Files, HHS/PSC/HRS
	09-40-0010	Pay, Leave and Attendance Records, HHS/PSC/HRS

General: This information is provided pursuant to the Privacy Act of 1974 (P.O. 93-579) for PHS commissioned officers applying for ESCCP.

Authority for Collection of Information: 37 U.S.C. 301d (Pay and Allowances of the Uniformed Services); 42 U.S.C. 26 et seq. (PHS Act, Sec. 201 et seq.); and Executive Order 9397 (Numbering System for Federal Accounts Relating to Individual Persons).

Purposes and Uses: The principal purpose for collecting this information is to determine your eligibility for ESCCP. If you are selected for award of ESCCP, the information collected will be used for issuance of personnel orders to authorize payment. These records, or information therefrom, may also be provided to other Federal Agencies to which PHS officers are assigned. The information also may be used for study purposes and/or collection of statistical data for reports to other Federal Agencies and the Congress. It may also be used for other lawful purposes including collection of a debt owed the Federal Government, law enforcement, and litigation.

Information Regarding Disclosure of Your Social Security Number (SSN): Disclosure of the SSN is mandatory under provisions of the Social Security Act, since PHS officers are under Social Security "covered employment" and taxes must be withheld from their salaries. The SSN is also used as an identifier throughout an officer's career. It is 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 from PHS for information from former employers, educational institutions, financial or other organizations. The information gathered through the use of the SSN will be used only as necessary in personnel administration processes carried out in accordance with established regulations and public 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 have identical names and birth dates, and whose identification can only be distinguished by the SSN.

Effect of Nondisclosure: You are required to provide the information requested on the contract to receive ESCCP. Failure to supply complete and accurate information may result in delays and/or errors in determining eligibility and, therefore, result in late payment or nonpayment, or be cause for refund of pay if you receive an award based on erroneous information. All statements are subject to verification.