DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service

REQUEST FOR ADVANCE OF STATION HOUSING ALLOWANCE

1. Before completing this form read the instructions on the back, including the Pricacy Act statement.
2. Information concerning the conditions under which PHS commissioned officers may be advanced station housing allowance (SHA) and the payback rates to be used in liquidating an advance are contained in INSTRUCTION 5, Subchapter CC22.4, of the Commissioned Corps Personnel Manual (CCPM). For an advance of basic pay for permanent change of station, temporary duty at a distant station, or to dependents ordered evacuated, see INSTRUCTION 2, Subchapter CC22.1, of the CCPM.
3. Failure to complete this form in accordance with the instructions may delay the processing of your request.
4. Forward completed Form PHS-6186 to the following address: Compensation Branch, DCP/OSG, Parklawn Bldg., Room 4-35, 5600 Fishers Lane, Rockville, Maryland 20857.

OFFICER IDENTIFICATION

Name: _____

Last First MI

Social Security Number _____

Current Permanent Duty Station: _____

ADVANCE OF STATION HOUSING ALLOWANCE

1. Enter amount of SHA requested: $_____

2. Duty station where I will earn entitlement to the requested SHA: _____

3. Duty tour at above station ends: [enter date] _____.

4. Payback rate [select one]:

_____ Standard — Liquidated in approximately the same number of months that the advanced amount would have been earned. In no event shall the repayment extend beyond twelve monthly deductions.

_____ Accelerated — [enter amount] _____ . This amount must be greater than the standard pay-back rate.

5. A copy of my permanent change of station (PCS) orders to this station, personnel order number _____ , is attached. (Documents substantiating rent, security deposit, and/or initial expenses must be attached.)

_____ Officer's Signature

_____ Date

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Privacy Act Notice for PHS Commissioned Corps Request of Station Housing Allowance (SHA).

Records System: 09-37-0002, "PHS Commissioned Corps General Personnel Records," HHS/OASH/OSG.

General: This information is provided pursuant to the Privacy Act of 1974 (Public Law 93-579) for PHS commissioned officers requesting an advance of SHA.

Authority for Collection of Information: 37 U.S.C. 1006, 42 U.S.C. 202 et seq. (PHS Act Sec. 201 et seq.) Executive Order 9397.

Purposes and Uses: The purposes for collecting the information contained on the above mentioned form are to determine your eligibility for advance of SHA and to accurately effectuate payment when you request an advance of SHA. These records, or information therefrom, may also be provided to other Federal agencies covering PHS commissioned officers assigned to those agencies. The information may be used for budgetary and oversight 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 law enforcement and litigation.

Information Regarding Disclosure of Your Social Security Number (SSN): Disclosure of the Social Security Account Number (SSN) is mandatory under provisions of Executive Order 9397, since PHS officers are under Social Security "coverage employment" and taxes must be withheld from their salaries. 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 from PHS 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 have identical names and birth dates, and whose identities can only be distinguished by the SSN.

Effect of Nondisclosure: Although all of the information, except the SSN, is voluntarily furnished, 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 advance based on erroneous information. All statements are subject to verification.

INSTRUCTIONS FOR FORM PHS-6186

GENERAL INSTRUCTIONS

1. This form is to be used to request an advance of SHA.
2. Complete the "OFFICER IDENTIFICATION" information at the top of the form and the appropriate items.
3. Information concerning the conditions under which PHS commissioned officers may be advanced SHA and the payback rates to be used in liquidating an advance are contained in INSTRUCTION 5, Subchapter CC22.4, of the Commissioned Corps Personnel Manual (CCPM). For an advance of basic pay for permanent change of station, temporary duty at a distant station, or to dependents ordered evacuated, see INSTRUCTION 2, Subchapter CC22.1, of the CCPM.
4. If you do not choose the accelerated payback rate, the standard rate will be used.
5. All requests subject to approval.

SPECIFIC INSTRUCTIONS

1. Calculate amount of SHA advance needed by adding advance rent payments, security deposits, and necessary initial expenses. If this amount exceeds one month's basic allowance for quarters (BAQ) to which you are entitled, you may request advance SHA.
2. Enter the amount in item 1. Complete items 2, 3, 4, and 5. Sign and date.
3. Attach copies of PCS orders to overseas station and documents to substantiate amount requested. Submit completed form to the address specified on the front of this form.