



# Request for Permanent Change of Station (PCS) Orders

Civilian Personnel and Other Appointed Persons



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### 1. PERSONAL DATA

NAME	PRESENT ADDRESS
SOCIAL SECURITY NUMBER (LAST 4 DIGITS)	
MOBILE PHONE NUMBER	
EMAIL ADDRESS	

### 2. MOVEMENT SITUATION (CHECK APPLICABLE BOX)

- |   |  |
|---|--|
| <p>First official station travel - C.S.C. designated manpower shortage category appointees, and student trainees within the 50 states and D.C. (new appointee)</p> <p>First official station travel to overseas official stations. (new appointee)</p> <p>Permanent change of station between official stations within the 48 contiguous states and D.C.</p> <p>Permanent change of station from overseas official stations to official stations in the 48 contiguous states and D.C.</p> <p>Permanent change of station from official stations in the 48 contiguous states and D.C. to overseas official stations.</p> | <p>Permanent change of station between overseas official stations.</p> <p>Renewal agreement travel (round trip between overseas tours of duty for leave purposes).</p> <p>Return from overseas official stations to place of actual residence for separation.</p> <p>Return travel for career SES upon separation for retirement.</p> <p>Return travel of Experts (Title 42).</p> <p>Other (IPA, etc.)</p> |
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### 3. ENTITLEMENTS DATA

Change of station allowances for travel and per diem for employee and dependents, shipment of household goods, residence transactions and other personal expenses will be authorized in accordance with the Federal Travel Regulation, and DHHS and NIH policies and procedures.

#### A. Dependent Travel

1. LIST THE FOLLOWING:  
(Attach separate sheet if more space is needed.)
- Spouse.
  - Children (including stepchildren and adopted children)
    - unmarried and under 21 or
    - physically or mentally incapable of self-support regardless of age (attach explanation).
  - Dependent parents (employee's and/or spouse's).

NAME	RELATIONSHIP	DATE OF BIRTH (mm/dd/yyyy)

2. MODE OF TRAVEL	EMPLOYEE'S DATE OF DEPARTURE (mm/dd/yyyy)	NUMBER OF DEPENDENTS	DATE OF DEPARTURE (mm/dd/yyyy)
A. PRIVATELY-OWNED AUTO NUMBER 1			
B. PRIVATELY-OWNED AUTO NUMBER 2			
C. AIR			
D. OTHER (check one)			
SEA     RAIL     MOTOR HOME			

*(continued on next page)*

**B. Points of Travel**

1. FROM (city, county, state)	2. TO (city, county, state)
3. EXCESS BAGGAGE ABOVE FREE ALLOWANCE?	YES NO

**C. Shipment of Household Goods and Personal Effects**

1. FROM (street address, city, county, state)	2. TO (street address, city, county, state)	
HOUSE APT W/ ELEVATOR APT W/O ELEVATOR	HOUSE APT W/ ELEVATOR APT W/O ELEVATOR	
3. NUMBER OF ROOMS OF GOODS TO BE SHIPPED	4. ESTIMATED WEIGHT (1500 LBS/ROOM)	
5. PICKUP DATE (FROM) (mm/dd/yyyy)	6. PICKUP DATE (TO) (mm/dd/yyyy)	
7. TEMPORARY STORAGE YES NO	8. NUMBER OF DAYS (Not to Exceed 60)	9. NON-TEMPORARY STORAGE (Generally limited to overseas or isolated assignments) YES NO
10. PERSON/AGENT TO RECEIVE GOODS	11. PHONE NUMBER	

**D. Residence Transactions – Transferees Only**

1. IS A HOUSE HUNTING TRIP NEEDED? YES NO	IF YES: EMPLOYEE ONLY EMPLOYEE AND SPOUSE SPOUSE ONLY	MODE OF TRANSPORTATION: POV AIR RAIL SHIP MOTOR HOME
PERIOD OF TIME ALLOWED (Not to exceed 10 calendar days, including travel)		

If round trip travel at Government expense to locate permanent residence quarters is to be allowed, attach an explanation of why the trip is necessary. If the employee has been on temporary duty at the new station during the past 30 days, include in the explanation the reasons why this period of duty did not provide sufficient opportunity to locate permanent residence quarters.

2. TEMPORARY QUARTERS? YES NO	IF YES: EMPLOYEE ONLY EMPLOYEE AND DEPENDENTS	NUMBER OF DAYS
3. CAN RENTAL RESIDENCE AT OLD STATION BE SUBLET? YES NO N/A	PENALTY FOR TERMINATION? YES NO	PENALTY FEE
NAME OF RENTAL LEASE AT OLD DUTY STATION		

4. SALE OF RESIDENCE AT OLD DUTY STATION YES NO	ESTMATED SELLING PRICE	ESTIMATED BROKERAGE FEE (average for location)
5. PURCHASE OF NEW RESIDENCE? YES NO	ESTIMATED PURCHASE PRICE	

**4. ADVANCE OF FUNDS (IF YES, COMPLETE AND ATTACH STANDARD FORM 1038)**

DO YOU REQUIRE AN ADVANCE TRAVEL FUNDS?	YES NO
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**5. CERTIFICATION STATEMENT**

I certify that I have read the on-line version of the NIH Travel and Shipping Entitlements Guidance, at <a href="http://www4.od.nih.gov/ofm/travel/travshi1.pdf">http://www4.od.nih.gov/ofm/travel/travshi1.pdf</a> , and understand my entitlements. I certify that I will pay all excess costs incurred as a result of this shipment. (This agreement will not prejudice my right to appeal such costs after payment is made.)	SIGNATURE	DATE (mm/dd/yyyy)
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**6. FOR IC USE ONLY**

FUNDS AVAILABLE: SIGNATURE	TITLE	DATE (mm/dd/yyyy)
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**7. FOR ADMINISTRATIVE OFFICIALS OFFICE USE ONLY**

Please prepare and authorize PCS travel orders in accordance with the information on this form.

The transfer of this individual is made in the interest of the Department of Health and Human Services and is not primarily for the benefit or convenience of the employee, nor at his/her request.

CAN TO BE CHARGED	JOURNAL ACTION NUMBER (SF-50)
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NED ID	DATE HHS-355 SIGNED (mm/dd/yyyy)
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ATTACHMENTS:  
 SF-50      OFFER LETTER      HHS-355      SIGNED FORM SF-1038 (if applicable)

REFER QUESTIONS TO	PHONE NUMBER
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NAME OF HIRING OFFICIAL	TITLE	PHONE NUMBER
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SIGNATURE OF RELOCATION SERVICES COORDINATOR

EMAIL OF RELOCATION SERVICES COORDINATOR	PHONE NUMBER
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REMARKS

NOTE: This document must be forwarded to the Relocation Services Contractor who is responsible for the preparation of a manual HHS-1 Travel Order based on the applicable move situation.

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**PRIVACY ACT NOTIFICATION STATEMENT**

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Collection of this information is authorized under 5 U.S.C. 5379. The purpose of collecting the information is to establish terms under which an individual receives a student loan repayment benefit under the Student Loan Repayment Program. The information will be used as a basis for payroll actions. This information may be disclosed to the Internal Revenue Service for tax withholding purposes, the Department of Treasury for payroll action, the Department of Labor for worker compensation claims and the Department of Justice for other lawful purposes including law enforcement and in the event of litigation. In addition, this information may be used within DHHS for study purposes, such as projection of staffing needs, and/or creation of non-identifiable statistical data for reports to other Federal agencies and Congress. The request for this information is voluntary, however, if information is not provided it could preclude the processing of the student loan repayment benefits request. Statement is pursuant to the Privacy Act of 1974 (P.L. 93-597)