

OFF-DUTY CIVILIAN EMPLOYMENT REQUEST

PRIVACY ACT STATEMENT

Authority: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; CNICINST 5230.1, Total Workforce Management Services; OPNAVINST 3440.17, Navy Installation Emergency Management Program and E.O. 9397 (SSN), as amended.

Purpose: Allows human resources specialists, administrative support personnel, and supervisors to manage their entire workforce.

Routine uses: In addition to those disclosures generally permitted under 5 U.S.C. 552a (b) of the Privacy Act of 1974, these records contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a (b) (3) as follows. The DoD Blanket Routine Uses set forth at the beginning of Department of Navy compilation of systems of records notices apply to this system.

Disclosure: Voluntary. However, failure to provide the requested information may result in failure to receive consideration for application.

Section A.

From: _____
(Name, rank/grade)

To: Commanding Officer, _____

- Ref: (a) 5 U.S.C. Section 5536
(b) DoD 5500.7-R of 6 Aug 1998
(c) ASD (HA) Policy Memo 96-050 of 23 Jul 1996
(d) ASD (HA) Policy Memo 97-019 of 10 Dec 1996
(e) MANMED Article 1-22
(f) DoDD 4515.14 of 29 Dec 1998

1. Per references (a) - (e), I request permission to engage in off-duty employment as set forth below.

- a. My proposed employer is: _____
- b. My proposed start work date is: _____
- c. My proposed worksite is located at: _____
- d. My proposed worksite telephone number is: _____
- e. My proposed work hours are: _____
- f. My proposed duties will include: _____

g. I do do not have permission to engage in other off-duty employment (state details on separate sheet, if applicable).

2. I acknowledge the following limitations on my off-duty employment and have explained them to my proposed employer.

a. The site of my off-duty employment must be located within 2 hours travel time, by land, of the site of my military duties. For travel requiring air or extended land transportation, I will have to be in a leave status or utilize normal liberty/holiday periods. In these cases, I will be representing myself and not the Navy. Therefore, I will not be eligible for travel/transportation and other benefits under the Approved Gifts of Travel program.

b. I must have a period of at least 6 hours between the end of my off-duty employment and the start of my military duties and must not work more than 16 hours per continuous 7-day period without specific approval of my commanding officer.

c. As part of my off-duty employment, I must not assume primary responsibility for the medical or dental care of any patient on a continuing basis.

d. My off-duty employment must not be performed on military premises, involve expense to the Federal Government, or involve use of military personnel or supplies.

e. As a military member, I may be required to respond immediately to calls for military duty, or

f. As a civilian officer equivalent healthcare provider, or contract healthcare provider, I may be required to respond immediately to calls for duty. My obligation for such recall is as follows:

g. I am responsible for complying with all requirements to practice in the civilian community, such as state licensure, Drug Enforcement Agency certification, and medical malpractice coverage.

h. I must take annual leave for any obligations (e.g., court appearances or testimony before a compensation board) arising out of off-duty employment when these obligations require absence during duty hours. There is no guarantee that the leave request will be approved by my command.

i. I must not refer patients from the military treatment facility to my prospective employer's facility.

j. I must not solicit or accept a fee directly or indirectly, and my prospective employer must not charge, for my care of a Department of Defense (DoD) healthcare beneficiary (i.e., member, retired member, or dependent of such member) of the Uniformed Services. TRICARE payments shall be disallowed in any claim from a TRICARE provider in those instances when a Navy healthcare provider renders services to such a person, for the services provided by the Navy healthcare provider. This restriction does not apply to dental services provided to CONUS enrollees of the TRICARE Family Member Dental Plan. TRICARE payments for services I provide a DoD health care beneficiary during my off-duty employment shall be disallowed.

3. I acknowledge my understanding of my off-duty employment limitations per references (a) - (f).

Signature/Date

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Section B.

From: Authorized Representative of Proposed Employer

To: Commanding Officer, _____

Subj: OFF-DUTY EMPLOYMENT OF _____

1. I am the authorized representative of _____

2. I have read and accept the foregoing limitations, including the compensation and availability limitations, on the off-duty employment of _____

3. I certify that this facility will not seek payment from a DoD beneficiary, TRICARE, or the Federal Government for health care provided by _____ to DoD beneficiaries except to dental services provided to CONUS enrollees of the TRICARE Family Member Dental Plan.

4. I certify that the off-duty employment of _____ will not negatively impact the civilian community and practices.

(Name/Title/Date)

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Section C.

From: Commanding Officer, _____

To: _____

1. The above request is Approved
 Disapproved

(Name/Date)