



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

IN REPLY REFER TO
BUMEDINST 5370.5 CH-1
BUMED-M09B1
21 May 2013

BUMED INSTRUCTION 5370.5 CHANGE TRANSMITTAL 1

From: Chief, Bureau of Medicine and Surgery
To: All Internal BUMED Codes

Subj: OFF-DUTY EMPLOYMENT PROGRAM

Ref: (a) BUMEDINST 5370.5

Encl: (1) Revised pages 1 and 3 of the basic instruction

1. Purpose. To publish the following changes to reference (a).
 - a. Page 1, add new reference (g) DOD 6025.13-R to the reference listing and change current reference (g) to reference (h).
 - b. Page 3, paragraph 4, change reference (g) to reference (h).
2. Action. Remove pages 1 and 3 of the basic instruction and replace with like-numbered pages of enclosure (1) of this change transmittal.
3. Retain. For record purposes, keep this change transmittal in front of the basic instruction.

A handwritten signature in black ink, appearing to read "M. L. Nathan", is positioned above the printed name.

M. L. NATHAN

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7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

CH-1 of 21 May 2013
IN REPLY REFER TO
BUMEDINST 5370.5 CH-1
BUMED-M09B1
26 Sep 2011

BUMED INSTRUCTION 5370.5 CH-1

From: Chief, Bureau of Medicine and Surgery
To: All Internal BUMED Codes

Subj: OFF-DUTY EMPLOYMENT PROGRAM

Ref: (a) NAVMED P-117, Manual of the Medical Department, article 1-22
(b) HA Policy Memo 96-050 of 23 Jul 1996
(c) HA Policy Memo 97-019 of 10 Dec 1996
(d) DoD 5500.7-R of 6 Aug 1998
(e) 5 U.S.C., Section 5536
(f) DoD Directive 4515.14 of December 29, 1998
(g) DoD 6025.13-R of June 11, 2004
(h) SECNAV M-5210.1 of January 2012

Encl: (1) Sample Special Request/Authorization
(2) Sample Off-Duty Civilian Employment Request

1. Purpose. To establish policy and procedures for active duty personnel and other Department of Defense (DoD) healthcare providers (HCP) requesting approval to participate in off-duty employment while assigned to the Bureau of Medicine and Surgery (BUMED), Headquarters (HQ). This is a new instruction and must be read in its entirety.

2. Policy

a. Subject to the limitations established in references (a) through (g), personnel requesting approval to participate in off-duty employment will normally be allowed authorization provided it supports the principles of ethical conduct, does not interfere with the performance of military duties for active duty personnel, or with the provision of DoD healthcare services normally provided by the requesting active duty or civil service HCP. The Chief of Staff (COS) is the approving authority for all off-duty employment requests for BUMED HQ assigned staff members requesting off-duty employment.

b. BUMED HQ off-duty employment limitations:

(1) Personnel are required to obtain at least 6 hours of rest between an off-duty employment shift and the beginning of military duties or civil service HCP duties.

(2) For routine off-duty employment in the Washington, DC local commuting area, travel to and from an off-duty employment location will be by land transportation only. Travel time to or from an off-duty employment location will not exceed 2 hours from BUMED HQ during the normal work week.

(3) For travel requiring air or extended land transportation, personnel must be in a leave status or utilize normal liberty/holiday periods; in these cases, the member is representing themselves and not the Navy. Therefore, the member is not eligible for travel/transportation and other benefits under the "Approved Gifts of Travel" program.

(4) Subject to the current environment and applicable laws and regulations, the COS may supplement the above restrictions on off-duty employment as necessary. When this occurs, the affected parties will be notified in writing of the changes.

(5) BUMED HQ watchstanders shall not engage in off-duty employment on their assigned duty days. This includes watchstanders who are required to stand duty with minimal notice ("goated").

(6) Personnel enrolled in graduate training programs shall not be authorized to engage in off-duty employment.

c. Questions concerning appropriate off-duty employment should be referred to BUMED HQ Medico-Legal Affairs/Staff Judge Advocate (BUMED-M00J).

d. Permission for participation in off-duty employment may be withdrawn if the COS deems necessary. If this becomes the case, the COS shall ensure the appropriate officials at all MTFs and civilian healthcare facilities of employment are immediately notified whenever permission is withdrawn for HCPs to engage in off-duty employment.

e. In all cases where any inquiry exists for potentially reportable actions of misconduct on an HCP, the COS shall immediately withdraw permission to engage in off-duty employment.

3. Action

a. The Director for Administration via Admin Services will maintain oversight of the program and:

(1) Shall ensure the appointment in writing of an Off-duty Employment Program Coordinator.

(2) Shall maintain a listing of all personnel participating in off-duty employment.

(3) Shall ensure the Off-duty Employment Program Coordinator monitors and reviews annually all off-duty employment files.

b. All military personnel with the intent to engage in off-duty employment must request permission by submitting a NAVPERS 1336/3, Special Request/Authorization, sample at enclosure (1), to their chain-of-command, routed through BUMED-M00J, with final approval granted by the COS. To work at a fast food establishment, as a pizza deliverer, in a retail establishment, or in another non-medical specialty, the NAVPERS 1336/3 will be the sole document of approval. For off-duty employment in a healthcare facility or in a medical occupation, a NAVMED 1610/1, Off-Duty Civilian Employment Request, sample at enclosure (2), will also be required from any active duty or civil service HCP.

c. All documentation for off-duty employment must be completed and signed by all parties prior to the start of work. The sole exception is for personnel who are engaged in off-duty employment on the date this instruction becomes effective (grandfather clause). Affected personnel will have thirty days from the date of this instruction to complete the required paperwork and receive all required approvals to continue their off-duty employment. Otherwise, affected employees to include military and civil service HCPs, are required to cease their non-approved off-duty employment activities.

d. All off-duty employed members shall report any and all changes (no longer working, change of location, hours, etc.) in their off-duty employment activities to the Off-duty Employment Program Coordinator, in writing, immediately as they occur.

4. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per reference (h).

5. Forms

a. NAVPERS 1336/3 (Rev. 10-2011), Special Request/Authorization, is available electronically at: http://www.public.navy.mil/bupers-npc/reference/forms/NAVPERS/Documents/NAVPERS%201336-3%20R10-2011_RE.pdf.

b. NAVMED 1610/1 (Rev. 6-2011), Off-Duty Civilian Employment Request, is available electronically at: <https://navalforms.daps.dla.mil/web/public/home>.



M. L. NATHAN

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SAMPLE SPECIAL REQUEST/AUTHORIZATION

SPECIAL REQUEST/AUTHORIZATION		SUPPORTING DIRECTIVE MILPERSMAN ARTICLES 1510-010 AND 1510-040	
<small>PRIVACY ACT STATEMENT THE AUTHORITY TO REQUEST THIS INFORMATION IS CONTAINED IN 5 USC 301. THE PRINCIPLE PURPOSE OF THE INFORMATION IS TO ENABLE YOU TO MAKE KNOWN YOUR DESIRE FOR ITEMS LISTED OR FOR SOME OTHER SPECIAL CONSIDERATION OR AUTHORIZATION. THE INFORMATION WILL BE USED TO ASSIST OFFICIALS AND EMPLOYEES OF THE DEPARTMENT OF THE NAVY IN DETERMINING YOUR ELIGIBILITY FOR AND APPROVING OR DISAPPROVING THE SPECIAL CONSIDERATION OR AUTHORIZATION BEING REQUESTED. COMPLETION OF THE FORM IS MANDATORY, FAILURE TO PROVIDE REQUIRED INFORMATION MAY RESULT IN DELAY IN RESPONSE TO OR DISAPPROVAL OF YOUR REQUEST.</small>			
1. NAME: Doe, James John		2. RATE: YNI	
3. SHIP OR STATION: BUMED HQ		4. DATE OF REQUEST: (YYYYMMDD) 2011-08-15	
5. DEPARTMENT/DIVISION: M09B1		6. DUTY SECTION/GROUP: COD	
7. NATURE OF REQUEST: <input type="checkbox"/> LEAVE <input type="checkbox"/> SPECIAL LIBERTY <input type="checkbox"/> SPECIAL PAY <input type="checkbox"/> COMMUTED RATIONS <input checked="" type="checkbox"/> OTHER (BELOW)			
8. NO. OF DAYS REQUESTED:		FROM (DATE AND TIME):	TO (DATE AND TIME):
9. DISTANCE (MILES):		MODE OF TRAVEL: <input type="checkbox"/> CAR <input type="checkbox"/> AIR <input type="checkbox"/> TRAIN <input type="checkbox"/> BUS	
10. LEAVE ADDRESS:			11. TELEPHONE NUMBER:
12. REASON FOR REQUEST: Per BUMEDINST 5370.5, I respectively request to perform off-duty employment at Taco Bell (4923 Lee Hwy, Arlington) as night shift leader on M-F from 2000-2400. My first day of work will be: 22 Aug 2011.			
13. SIGNATURE OF APPLICANT: (Use CAC for digital signature)			
14. I am eligible and obligate myself to perform all duties of person making application.		SIGNATURE OF STANDBY:	DUTY STATION:
15. RECOMMENDED APPROVAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RANK/RATE/TITLE: LT Good Guy	SIGNATURE: <i>LT Good Guy</i>	DATE: 2011-08-16
16. RECOMMENDED APPROVAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RANK/RATE/TITLE: CDR Jag Man	SIGNATURE: <i>CDR Jag Man</i>	DATE: 2011-08-16
17. RECOMMENDED APPROVAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	RANK/RATE/TITLE:	SIGNATURE:	DATE:
18. RECOMMENDED APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	RANK/RATE/TITLE:	SIGNATURE:	DATE:
19. RECOMMENDED APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	RANK/RATE/TITLE:	SIGNATURE:	DATE:
20. RECOMMENDED APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	RANK/RATE/TITLE:	SIGNATURE:	DATE:
21. <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		SIGNATURE: <i>Sherise Nisbeth 17 Aug 2011</i>	
22. REASON FOR DISAPPROVAL:			

SAMPLE OFF-DUTY CIVILIAN EMPLOYMENT REQUEST

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: James John Doe, CDR
(Name, rank/grade)

To: Commanding Officer, Naval Hospital Paradise

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) - (f), I request permission to engage in off-duty employment as set forth below.

- a. My proposed employer is: Happy Valley Medical Center
- b. My proposed start work date is: 22 Aug 2011
- c. My proposed worksite is located at: 123 Main Street, Happydale, VA
- d. My proposed worksite telephone number is: (703) 555-1212
- e. My proposed work hours are: 0800 - 1500 Sat/Sun
- f. My proposed duties will include: Acute care services for both scheduled and unscheduled patients.

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:

I will follow the guidance/direction of my chain of command - my proposed employer understands this requirement.

- 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).

James John Doe, 17 Aug 2011

Signature/Date

Section B.

From: Authorized Representative of Proposed Employer
To: Commanding Officer, Naval Hospital Paradise

Subj: OFF-DUTY EMPLOYMENT OF JAMES JOHN DOE

1. I am the authorized representative of Happy Valley Medical Center

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

3. I certify that this facility will not seek payment from a DoD beneficiary, TRICARE, or the Federal Government for health care provided by James John Doe 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 James John Doe will not negatively impact the civilian community and practices.

Roger Happy

Administrator

17 Aug 2011

(Name/Title/Date)

Section C.

From: Commanding Officer, Naval Hospital Paradise
To: CDR James John Doe, MC, USN

1. The above request is Approved
 Disapproved

Sherise Nisbeth, 17 Aug 2011

(Name/Date)