

DEPARTMENT OF THE ARMY  
U.S. Army Medical Department Center and School  
Fort Sam Houston, Texas 78234-6100

Regulation Number  
600-10

21 September 1992

Personnel General  
**OFF-DUTY EMPLOYMENT**

1. **PURPOSE.** This regulation prescribes procedures and responsibilities pertaining to off-duty employment, including self-employment for remuneration, by military and privileged civilian personnel assigned to the U.S. Army Medical Department Center and School (AMEDDC&S).

2. **REFERENCES.**

- a. AR 40-1, 1 Jul 83, and Interim Change No. 101, 1 Aug 90, Medical Services, Composition, Mission, and Functions of the Army Medical Department.
- b. AR 40-68, 20 Dec 89, Quality Assurance Administration.
- c. AR 600-50, 28 Jan 88, Standards of Conduct for Department of the Army Personnel.
- d. DOD Directive 6025.7, Off-Duty Employment by DOD Health Care Providers.
- e. HSC Reg 600-3, 5 Dec 90, Off-Duty Employment.

3. **APPLICABILITY.** The provisions of this regulation are applicable to all active duty military and full-time (40 hours per week) privileged civilian personnel (including contract personnel) who are assigned to the U.S. Army Medical Department Center and School, the U.S. Army Medical Equipment and Optical School (USAMEOS), and the U.S. Army School of Aviation Medicine (USASAM). Privileged civilian personnel are those who possess state licenses to provide health care.

4. **POLICIES.**

a. Personnel subject to the Uniform Code of Military Justice (UCMJ) who fail to comply with the provisions of this regulation are subject to punishment under the UCMJ and to adverse administrative and other adverse actions authorized by applicable sections of the United States Code or Federal regulations. Personnel not subject to the UCMJ who fail to comply with provisions of this regulation are subject to adverse administrative action or criminal prosecution as authorized by applicable sections of the United States Code or Federal regulation.

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\*This regulation supersedes AHS Reg 600-10, 1 Jun 86

b. Military and full-time privileged civilian personnel assigned or attached to AMEDDC&S, USAMEOS, and USASAM are prohibited from engaging in off-duty employment (including locum tenens) without their commander's approval. All active duty military personnel are in a 24-hour, 7-day duty status, and their military duties at all times (to include authorized leave) will take precedence on their time, talents, and attention.

c. Military personnel and full-time privileged civilian employees who are now or will be in the future engaged in off-duty employment are required to request permission in writing following the guidance of this directive. Applications from personnel who are privileged will follow the format in appendix A if engaging in medical related off-duty employment; the format in appendix B will be used by those who are not privileged, and by privileged personnel who are engaging in nonmedical off-duty employment. The applicant will be advised of the commander's decision within ten days of application. Approved requests will be maintained on file until they are no longer valid.

d. Yearly statements will be requested in order to verify current off-duty employment status. It is the individual's responsibility to update his or her employment status prior to any change. Negative statements, in the format at appendix C, are required from personnel who have terminated off-duty employment and those not involved in such activity. The Commander, Center Brigade, the Dean, USAMEOS, and the Dean, USASAM, will submit memoranda to the Commanding General, AMEDDC&S, each January verifying possession of current yearly statements for each member of their commands.

e. Military and privileged civilian personnel will be required to sign a statement during inprocessing acknowledging their understanding of this command's off-duty employment policies. The format at appendix D will be used for this purpose.

f. Permission for remunerative off-duty employment will be withdrawn at any time by the command when such employment is inconsistent with references. If permission is withdrawn, the affected individual may submit a written statement containing views or information pertinent to the situation to the commander.

g. Limitations and Required Reports.

(1) Government duties will not be impaired by off-duty employment. Requests for off-duty employment which exceed 16 hours per week will usually be denied. The commander may grant exceptions, when fully justified in writing by the applicant, if circumstances clearly show that the additional hours will not adversely affect government duties. There must be at least a 6-hour rest period between the end of the individual's off-duty employment and the start of his or her government duties. Military personnel not on official leave will not be granted approval for off-duty employment if the work site is not close enough to allow the individual to return to his or her place of government duty within two hours travel time by land.

(2) For military personnel, administrative absence, special pass, compensatory time off, or any authorized absence for the purpose of participating in off-duty employment is prohibited. Ordinary leave may be granted, however, in connection with authorized off-duty employment, providing it does not interfere with government duties.

(3) Each individual participating in off-duty employment will submit a report to his or her commander not later than the 10th of each month, advising of the number of hours worked the preceding month. This monthly report will be submitted in the format in appendix E and will be verified and signed by the employer.

h. Because of potential conflict with government obligations, personnel will not assume responsibility for the medical or dental care of any patient on a continuing basis nor engage in private (solo) practice.

i. All employees will advise off-duty employers that they are subject to respond to alerts or emergencies that may arise during non-duty hours. Such emergencies could possibly delay the individual in reporting for civilian employment or could require the individual to leave his or her off-duty employment without warning.

j. Written certification must be provided by the civilian employer that he or she accepts the regulatory limitations placed on the Army Medical Department (AMEDD) employee. Employers must also agree that, as a condition for off-duty employment of AMEDD personnel, they will not seek reimbursement from the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), military supplemental medical care funds, medical care (MEDICARE), medical aid (MEDICAID), or any other Federal government program for services provided by AMEDD personnel, nor will they seek direct payment for these services from the patient. Health care providers engaged in off-duty employment may not solicit or accept compensation, directly or indirectly, for care rendered to individuals entitled to medical or dental care under any Federal government program.

k. A demonstrated need must exist because of the relative shortage of civilian physicians, dentists, veterinarians, nurses, or other professional personnel to serve the local community. A letter from the local professional society (or other responsible community agency) expressing no objection to such employment will be a required attachment to the off-duty employment request, and must certify to the need and the fact that such service is not available from any reasonably available civilian source. AMEDD personnel may engage in charitable off-duty employment when voluntarily performed for, or for the benefit of, institutionalized persons and recognized nonprofit charitable organizations.

l. Medical, nursing, dental, and veterinary personnel prescribing drugs in off-duty employment are subject to all requirements of the Federal Narcotic Law, including Drug Enforcement Agency registration and payment of taxes that are imposed upon other physicians, nurses, dentists, and veterinarians conducting private practice.

m. The responsibility for meeting local licensing requirements is a personal matter for AMEDDC&S personnel who wish to engage in off-duty employment. Malpractice insurance is a personal responsibility of the individual requesting permission to engage in off-duty employment. The Army will not be responsible for an individual's acts while he or she is engaged in off-duty employment.

n. Off-duty employment will not involve expense to the Federal government nor the use of any military equipment or supplies.

o. Health care personnel will perform procedures necessary to save life or prevent undue suffering at any time in an emergency.

p. Health care providers may engage in teaching, lecturing, and writing as provided in reference 2c.

q. Practitioners may engage in consultation practice with civilian practitioners when authorized by the commander. An officer certified by an American Specialty Board or recognized by the Surgeon General as having achieved an equivalent level of ability may, in isolated cases, provide advice or services on a remunerative basis to civilian practitioners in the diagnosis or treatment of patients not entitled to medical, dental, or veterinary care under Federal law.

r. Personnel interested in off-duty employment at more than one location will submit complete justification with their application. A new application is required for each new off-duty employment site for individuals who have previously approved applications to engage in off-duty work.

## 5. RESPONSIBILITIES.

a. The Commander, Center Brigade, the Dean, USAMEOS, and the Dean, USASAM, will implement any local procedures necessary to meet the requirements of this regulation and cited references and will approve all requests for off-duty employment submitted by members of their respective commands.

b. The Adjutant, Center Brigade, and officials designated by the Commander, USAMEOS, and Commander, USASAM, will:

(1) Maintain a file of approved applications and other documents required by this regulation.

(2) Initiate requests for annual statements to verify current off-duty employment status.

(3) Ensure requests are reviewed by the servicing Judge Advocate officer, if deemed necessary.

c. Immediate supervisors and directorate/separate office chiefs will recommend approval/disapproval of each applicant's request for off-duty employment.

d. Individuals will submit requests for approval of off-duty employment through the Adjutant, Center Brigade (or appropriate USAMEOS or USASAM official) to the Commander, Center Brigade or the Dean, USAMEOS, or Dean, USASAM.

e. Company commanders will review the monthly reports of their soldiers who have approved requests for off-duty employment. Division/separate office chiefs will review the monthly reports of civilians in their activities who have approved requests for off-duty employment. Instances in which the actual number of hours worked exceeds the normal 16 hour per week limit will be reported to the Commander, Center Brigade, the Dean, USAMEOS, or the Dean, USASAM as appropriate.

APPENDIX A

REQUEST FOR OFF-DUTY PROFESSIONAL CIVILIAN EMPLOYMENT

OFFICE SYMBOL (MARKS NUMBER)

DATE

MEMORANDUM THRU

Commander, Company \_\_\_\_\_, \_\_\_\_\_ Battalion  
Commander, \_\_\_\_\_ Battalion

FOR Commander, Center Brigade

SUBJECT: Request for Off-Duty Remunerative Professional Civilian Employment

1. In accordance with AR 40-1, paragraph 1-8, HSC Regulation 600-3 and AMEDDC&S Regulation 600-10, I request permission to engage in remunerative professional off-duty employment apart from my assigned military (or civilian health care provider) duties. I have enclosed a statement from the local medical, dental, or other applicable association verifying the need for, and no objection to, my professional employment in the community.

a. Type of employment and nature of work: \_\_\_\_\_

b. Beginning date: \_\_\_\_\_

c. Hours per day: \_\_\_\_\_ Number of days per week: \_\_\_\_\_

d. Location of work: \_\_\_\_\_  
(Name and address of employer)

e. Telephone number at place of employment: \_\_\_\_\_

2. I understand the regulatory provisions concerning off-duty employment, and I agree to conduct any off-duty employment activities in accordance with those provisions. Further, understand that:

a. It is my obligation to inform my commander in writing of any change in my proposed off-duty employment, as set forth in this memorandum, before the inception of such change.

OFFICE SYMBOL

SUBJECT: Request for Off-Duty Remunerative Professional Civilian Employment

b. No outside responsibilities will be assumed that will in any manner compromise the effective discharge of my duties as an officer (or civilian health care provider) in the U.S. Army Medical Department, both as to the number of hours devoted to outside work and my individual limit and capacity.

3. I recognize that I am prohibited from, and cannot in good conscience engage in a private (solo) practice, or assume responsibility for the medical or dental care of any patient on a continuing basis; to do so could result in the compromise of my responsibility to the patient on the one hand or the primacy of my military (or Federal) obligation on the other.

4. I acknowledge that I am prohibited by Federal law from receiving additional compensation, either directly or indirectly, for health services provided to DoD, CHAMPUS, MEDICARE, MEDICAID, or any other Federal program or agency beneficiaries who are normally treated by those organizations.

5. I will submit, not later than the tenth of each month, a report detailing the number of hours worked during the previous month, including employer verification of that data.

Encl

\_\_\_\_\_  
(Name, Grade, and Branch of Requestor)

Recommend approval/disapproval.

Recommend approval/disapproval.

\_\_\_\_\_  
Name/Grade of Immediate  
Supervisor, Date

\_\_\_\_\_  
Name/Grade of Division or  
Separate Office Chief, Date

APPENDIX B

REQUEST FOR OFF-DUTY EMPLOYMENT

OFFICE SYMBOL (MARKS NUMBER)

DATE

MEMORANDUM THRU

Commander, Company \_\_\_\_\_, \_\_\_\_\_ Battalion  
Commander, \_\_\_\_\_ Battalion

FOR Commander, Center Brigade

SUBJECT: Request for Off-Duty Employment for Remuneration

1. In accordance with the provisions of HSC Regulation 600-3, paragraph 4b, of which I am aware, I request permission to engage in remunerative off-duty employment apart from my assigned military duties. This part-time employment will not interfere or hinder the performance of my military duties or responsibilities.

a. Type of employment and nature of work: \_\_\_\_\_

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b. Beginning date: \_\_\_\_\_

c. Hours per day: \_\_\_\_\_ Number of days per week: \_\_\_\_\_

d. Location of work: \_\_\_\_\_  
(Name and address of employer)

e. Telephone number at place of employment: \_\_\_\_\_

2. I understand that it is my obligation to inform my commander in writing of any change in my proposed off-duty employment as set forth in this memorandum, prior to the inception of such change.

AMEDDC&S Reg 600-10

OFFICE SYMBOL

DATE

SUBJECT: Request for Off-Duty Employment for Remuneration

3. I will submit, not later than the tenth of each month, a report detailing the number of hours worked during the previous month, including employer verification of that data.

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(Name, Grade, and Branch of Requestor)

Recommend approval/disapproval.

Recommend approval/disapproval.

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Name/Grade of Immediate  
Supervisor, Date

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Name/Grade of Division or  
Separate Office Chief, Date

APPENDIX C

STATEMENT OF NON-PARTICIPATION IN OFF-DUTY EMPLOYMENT

OFFICE SYMBOL (MARKS NUMBER)

DATE

MEMORANDUM THRU

Commander, Company \_\_\_\_\_, \_\_\_\_\_ Battalion  
Commander, \_\_\_\_\_ Battalion

FOR Commander, Center Brigade

SUBJECT: Non-Participation in Off-Duty Employment

On this date, hereby affirm that I am not engaged in off-duty employment.

\_\_\_\_\_ I terminated previously approved off-duty employment on  
(If applicable) (Date)

\_\_\_\_\_  
(Name, Grade, and Branch)

APPENDIX D

INPROCESSING STATEMENT FOR OFF-DUTY EMPLOYMENT

OFFICE SYMBOL (MARKS NUMBER)

DATE

MEMORANDUM FOR Commander, Center Brigade

SUBJECT: Off-Duty Employment (ODE)

1. I have been informed that I must be aware of U.S. Army Health Services Command (HSC) off-duty employment policies and understand that before I begin any ODE I will obtain my commander's approval. I also understand that if I engage in any ODE I must review and comply with appropriate regulations and policies. Failure to do either subjects me to possible adverse action.

2. further acknowledge my understanding that:

a. All active duty officers, warrant officers, enlisted personnel, full-time (40 hours per week) privileged civilian employees, and equivalent personnel are prohibited from engaging in ODE without command approval.

b. Military personnel who fail to obtain command approval prior to engaging in ODE or who do not fully comply with the provisions of appropriate regulations are subject to punishment under the Uniform Code of Military Justice (UCMJ), as well as possible adverse administrative action.

c. Personnel not subject to the UCMJ who fail to obtain command approval are subject to adverse administrative action or criminal prosecution as authorized by applicable sections of the United States Code or Federal regulations.

3. Upon application for ODE, I understand that I must arrange an interview with my company commander to discuss and review requirements and policies applicable to ODE.

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(SIGNATURE)

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(PRINTED NAME AND GRADE)

APPENDIX E

MONTHLY REPORT OF HOURS WORKED

OFFICE SYMBOL (MARKS NUMBER)

DATE

MEMORANDUM FOR Commander, Company \_\_\_\_, \_\_\_\_\_ Battalion

SUBJECT: Report of Hours Worked

As required by AMEDDC&S Regulation 600-10, the following is a complete tabulation of off-duty employment hours by the undersigned during the month of \_\_\_\_\_, 19\_\_.

DATE	# HOURS	DATE	# HOURS	DATE	# HOURS
1		12		23	
2		13		24	
3		14		25	
4		15		26	
5		16		27	
6		17		28	
7		18		29	
8		19		30	
9		20		31	
10		21			
11		22		Total Hours	

SIGNATURE  
TYPED OR PRINTED NAME AND GRADE

The above information has been reviewed by the undersigned and verified as correct.

SIGNATURE  
TYPED OR PRINTED NAME  
NAME OF BUSINESS

APPENDIX F

OFF-DUTY EMPLOYER'S ACKNOWLEDGEMENT

**(USE COMPANY LETTERHEAD)**

TO: Commander, Center Brigade

1. (Grade/Name) has applied and been accepted for employment in this organization.
2. understand the conditions under which he or she is to be employed are as follows:
  - a. Because of potential conflict with government obligations, the individual will not assume responsibility for the medical or dental care of any patient on a continuing basis nor engage in private (solo) practice.
  - b. The employee may be required to respond to alerts or other emergencies that could delay him or her in reporting for work or could require him or her to depart the work site without advance notice.
  - c. I may not request reimbursement from the Department of Defense, the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), medical care (MEDICARE), medical aid (MEDICAID), or any other Federal government program for services provided by this employee, nor will I request direct payment from the patient for such service.
  - d. This individual's employment will not involve expense to the Federal government nor involve the use of military medical equipment or supplies.
  - e. The individual is limited to 16 hours off-duty employment per week unless an exception is granted by his commander in advance of extended hours.
  - f. The employee's monthly report to his or her commander showing the number of hours worked the previous month will be verified by a responsible member of this organization.
  - g. Information regarding this individual's employment will be provided to his commander upon request.

SIGNATURE  
TYPED OR PRINTED NAME  
NAME OF BUSINESS

(HSMC-AA)

FOR THE COMMANDER:

OFFICIAL:

WALTER L. WELLS  
COL, MS  
Secretary of the General Staff

  
CLODETH C. FINDLEY  
CPT, MS  
Adjutant General

DISTRIBUTION:

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