DEPARTMENT OF HEALTH AND HUMAN SERVICES

REQUEST FOR TITLE 38 PHYSICIAN AND DENTIST PAY (PDP)

1. SPECIAL PAY REQUEST	**2. ACTION REQUESTED**
☐ Physician ☐ Dentist	☐ New Recruitment ☐ Change to Existing PDP ☐ Other *(Specify)* _____

3. EMPLOYEE INFORMATION

Name

Position Title / P.D. Number

Organization *(Agency/Center/Division)*

Official Tour of Duty
☐ Full Time ☐ Part Time If part time, regular scheduled hours per pay period: _____

4. AMOUNT OF PDP TO BE PAID

GP or GR Grade / Step		GS Base Pay	$
Clinical Specialty / Board Certification		Market Pay	$
Pay Table Number	Tier Number	Total Annual PDP	$
Type of Incentive ☐ Recruitment ☐ Retention ☐ Relocation		3 R's Pay	$
		Total Annual Compensation	**$**

5. NOTES

6. REVIEWS AND APPROVALS

Recommending Official *(Name and Title)*	Signature	Date
Compensation Panel Chair *(Name)* ☐ N/A	Signature	Date
Approving Official *(Name and Title)*	Signature	Date
Fund Availability *(Name and Title)*	Signature	Date
Human Resources Review *(Name and Title)*	Signature	Date

7. EFFECTIVE DATE

PSC Publishing Services (301) 443-6740 EF