DEPARTMENT OF HEALTH AND HUMAN SERVICES

REQUEST FOR TITLE 38 PHYSICIAN, DENTIST AND PODIATRIST PAY (PDP)

1. EMPLOYEE INFORMATION

Full Name	Organization *(Agency/Center/Division)*
Position Title	P.D. Number

Official Tour of Duty

☐ Full Time ☐ Less than full-time. Number of regularly scheduled hours per pay period _____

2. MARKET PAY REQUEST

☐ 0602 or 0668 ☐ 0680

3. ACTION REQUESTED

☐ New Hire ☐ Change to Existing PDP ☐ Other _____

4. CURRENT PAY INFORMATION *(for non-federal employees, provide total annual compensation information.)*

Grade	Step	Title	GS Base Pay
Table	Tier	Clinical Specialty/Board Certification	Locality or Current Market Pay +

Notes			
	Recruitment	$ _____	Total Annual Pay =
	Relocation	$ _____	3Rs Incentive +
	Retention	$ _____	**Total Annual Compensation**
	Total 3Rs Incentive	$ _____	$

5. PROPOSED PAY INFORMATION

Grade	Step	Title	Proposed GS Base Pay
Table	Tier	Clinical Specialty/Board Certification	Proposed Market Pay +

Notes			
	Recruitment	$ _____	Proposed Total Annual Pay =
	Relocation	$ _____	3Rs Incentive +
	Retention	$ _____	**Proposed Total Annual Compensation**
	Total 3Rs Incentive	$ _____	$

6. REVIEWS AND APPROVALS

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

Attachments: Justification memorandum; current CV; salary surveys; medical license; board certification, position description (not all may be applicable to the individual physician or dentist). Documents requested by operating division: _____

7. EFFECTIVE DATE