



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 <input type="checkbox"/> Full Time <input type="checkbox"/> Less than full-time. Number of regularly scheduled hours per pay period _____	

2. MARKET PAY REQUEST 3. ACTION REQUESTED

0602 or 0668 0680 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 (mm/dd/yyyy)
Compensation Panel Chair (Name)	Signature	Date (mm/dd/yyyy)
Approving Official (Name and Title)	Signature	Date (mm/dd/yyyy)
Fund Availability (Name and Title)	Signature	Date (mm/dd/yyyy)
Human Resources Review (Name and Title)	Signature	Date (mm/dd/yyyy)

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