



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 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
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