



## REQUEST FOR TITLE 38 PHYSICIAN AND DENTIST PAY (PDP)

### 1. EMPLOYEE INFORMATION

Full Name	Organization ( <i>Agency/Center/Division</i> )
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

Physician     Dentist     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          \$ _____	<b>Total Annual Compensation</b>
		Total 3Rs Incentive \$ _____	<b>\$</b>

### 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          \$ _____	<b>Proposed Total Annual Compensation</b>
		Total 3Rs Incentive \$ _____	<b>\$</b>

### 6. REVIEWS AND APPROVALS

<b>Recommending Official</b> ( <i>Name and Title</i> )	Signature	Date
<b>Compensation Panel Chair</b> ( <i>Name</i> )	Signature	Date
<b>Approving Official</b> ( <i>Name and Title</i> )	Signature	Date
<b>Fund Availability</b> ( <i>Name and Title</i> )	Signature	Date
<b>Human Resources Review</b> ( <i>Name and Title</i> )	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