



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

 0602 or 0668 0680

3. ACTION REQUESTED

 New Hire Change to Existing PDP Other _____

4. CURRENT PAY (for non-Federal employees, salary history must not be requested but can be considered if volunteered by the candidate.)

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 3Rs Incentive \$ _____	Total Annual Compensation \$

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 \$ _____	
		Total 3Rs Incentive \$ _____	Proposed Total Annual Compensation \$

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: Area justification memorandum, current CV, salary surveys, medical license, board certification, NPDB report, position description, PMAP cover sheet, and job opportunity announcement (if new candidate). Consult the Title 38 PDP section on the IHS OHR compensation website for procedural guidance on case submission requirements.