Department of Health and Human Services

Request for Title 38 Physician and Dentist Pay (PDP)

HHS Form 691

1. Employee Information

Full Name

Organization *(Agency/Center/Division)*

Position

P.D. Number

Official Tour of Duty

☐ Full Time

☐ Part Time-Regularly scheduled hours per pay period ☐

2. Special Pay Request

☐ Physician ☐ Dentist

3. Action Requested

☐ New Hire ☐ Change to existing PDP ☐ Other _____

4. Current Pay Information

Non-federal employees: Please fill in the Total Current Annual Compensation

Grade | Step | Title

Table | Tier | Clinical Specialty/Board Certification

Notes:

☐ Recruitment Incentive = _____

☐ Relocation Incentive = _____

☐ Retention Incentive = _____

Total 3 R's Pay = _____

GS Base Pay	
Locality or Current Market Pay	
Current PCA	
Base + Locality/MP Subtotal	
Total Current Annual Compensation	

5. Proposed Pay Information

Grade | Step | Title

Table | Tier | Clinical Specialty/Board Certification

Notes:

☐ Recruitment Incentive = _____

☐ Relocation Incentive = _____

☐ Retention Incentive = _____

Total 3 R's Pay = _____

Proposed GS Base Pay	
Proposed Market Pay	
Proposed Total Annual PDP	
Total Proposed Annual Compensation	

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: Current CV, Board Certification, PD and Justification, Documents requested by OPDIV: _____

7. Effective Date: _____