DEPARTMENT OF HEALTH AND HUMAN SERVICES

REQUEST FOR SPECIAL PAY FOR PHYSICIANS AND DENTISTS

(To be approved by the Authorized Management Officials)

See reverse side for Privacy Act Notification Statement.

1. **SPECIAL PAY REQUEST** *(Employee Service Agreement (HHS-691-1) must be attached.)*
   ☐ Physician ☐ Dentist

2. **ACTION REQUESTED**
   ☐ New ☐ Renewal ☐ Amendment

3. **EMPLOYEE INFORMATION**

a. Name	b. SSN	c. Grade / Step

d. Position Title / P.D. Number	e. Length of Service Date

f. Organization *(Agency / Center / Division)*	g. Duty Station

h. Type of Appointment
☐ Permanent ☐ Term
☐ Temporary *(not to exceed: _____)*

i. Official Tour of Duty
☐ Full Time
☐ Part Time *(If Part-Time, Regularly Scheduled Hours per Pay Period: _____)*

4. **AMOUNT OF SPECIAL PAY TO BE PAID**

FACTORS	AMOUNT	
	PHYSICIAN	**DENTIST**
a. FULL-TIME STATUS	$	$
b. LENGTH OF SERVICE — Number of years of Service Credited: _____	$	$
c. SCARCE SPECIALTY PAY — Specialty: _____ ☐ Nation-wide ☐ Facility Specific — % of Time Spent in Speciality: _____	$	$
d. EXECUTIVE POSITION — % of Time Spent in Executive Assignment: _____ ☐ Service Chief ☐ Chief of Staff or Equivalent	$	$
e. BOARD CERTIFICATION ☐ Primary: _____ ☐ Secondary: _____	$	$
f. GEOGRAPHIC LOCATION PAY — Geographic Area: _____	$	$
g. EXCEPTIONAL QUALIFICATIONS *(Documentation attached)*	$	$

5. **TOTAL PAY**			
	a. Base Pay	$	$
	b. PSP Total Pay	$	$
	c. Locality Pay	$	$
	d. 3 R's Pay	$	$
	e. Total Pay	$	$

6. **EFFECTIVE DATE**

This agreement is effective _____ and expires on _____. (26 pay periods equal one year.)

7. **REVIEWS AND APPROVALS**

a. Recommending Official *(Signature)*	*(Title)*	*(Date)*
b. Approving Official *(Signature)*	*(Title)*	*(Date)*
c. Fund Availability *(Signature)*	*(Title)*	*(Date)*

d. Personnel Review

I certify that the information entered on this form is accurate and that the proposed Special Pay is in compliance with statutory and regulatory requirements.

(Signature)	*(Title)*	*(Date)*

PRIVACY ACT NOTIFICATION STATEMENT

Request for Special Pay for Physicians and Dentists
under Title 38, Section 7431-7438
(Form HHS-691)

General-
This information is provided pursuant to the Privacy Act of 1974 (P.L. 93-593).

Authority for Collection of Information-
P.L. 95-603, Executive Order 9379.

Purpose and Uses-
The principal purpose for collecting the information requested on the above mentioned form is to establish the terms under which an individual receives Special Pay under Title 38, Section 7431-7438. The information collected will be used as a basis for payroll actions. Accordingly, disclosure of identifiable information, including your Social Security Number (SSN), may be made to the Internal Revenue Service (IRS) for tax withholding purposes, the Department of Treasury for payroll action, and to the Department of Labor for workman compensation claims. This information may also be disclosed to the Department of Justice for other lawful purposes including law enforcement and in the event of litigation. In addition, these records, or information therefrom, may also be used within DHHS for study purposes, such as projection of staffing needs, and/or creation of nonidentifiable statistical data for reports to other Federal agencies and Congress.

Information Regarding Disclosure of Your Social Security Number-
Disclosure of the SSN is mandatory since it is the identifier used by the IRS and for the withholding of taxes from your salary. The use of the SSN is made necessary because of the large number of present and former employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN. It is used primarily to identify an employee's personnel, leave, and pay records and to relate one to the other. In this regard, it is also used by the PHS to locate records in order to respond to lawful requests for information from former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters.

Effect of Non-disclosure-
Your submission of this agreement is voluntary; however, if the agreement is submitted, omission of significant information requested would preclude continued processing of the agreement for you to receive Special Pay because payroll would be unable to process the necessary actions.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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