

**Attachment A**

**Annual Report on Use of the Critical Position Pay Authority**

**Department or Agency:** \_\_\_\_\_

**Component:** \_\_\_\_\_

**(1) Position Title**

\_\_\_\_\_

**(2) Incumbent Name**

\_\_\_\_\_

**(3) Applicable Current Pay Plan**

\_\_\_\_\_

**(4) Applicable Current Grade or Level**

\_\_\_\_\_

(5) Annual Rate(s) of Basic Pay Paid in Calendar Year 2008	
(6) Beginning Date(s) of the Rate(s) of Critical Pay	
(7) Ending Date(s) of the Rate(s) of Critical Pay	
(8) Applicable Rate(s) of Pay without Critical Pay	
(9) Applicable Rate of Pay for Calendar Year 2009, if known	

**(10) Briefly describe whether critical pay is still needed for the position or incumbent**

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Agency Contact Information: