

MANUAL: Personnel
Chapter Series CC--Commissioned Corps Personnel Manual
Part 2--Commissioned Corps Personnel Administration

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service

Chapter CC22--Pay and Allowance Administration
Subchapter CC22.3--Incentive Pay
Personnel INSTRUCTION 4-- Hazardous Duty Incentive Pay for Duty Involving
Dangerous Viruses and Bacteria

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Section A. Purpose and Scope

This INSTRUCTION provides information concerning the conditions upon which hazardous duty incentive pay (HDIP) will be authorized for officers of the Commissioned Corps of the Public Health Service (PHS) who are assigned to duties involving laboratory work that utilizes live dangerous viruses or bacteria.

Section B. Authority

Commissioned officers are authorized to receive HDIP for performing duties that utilize live dangerous viruses or bacteria by 37 U.S.C 301(a)(11) and Section 109 of Executive Order 11157, as amended by Executive Order 12420 dated May 11, 1983.

Section C. Definitions

For purposes of this INSTRUCTION, the following definitions shall apply:

1. HDIP-Bacteria. Short title for Hazardous Duty Incentive Pay for duty involving dangerous viruses or bacteria.
2. Primary Duty. Performance of tasks reflected on the officer's billet description.
3. Temporary Duty (TDY). Duty performed under orders at one or more locations, other than the permanent duty station of the officer, and the duty being performed is identical to the officer's primary duty.
4. Temporary Additional Duty (TAD). Duty performed under orders at one or more locations and the duty being performed is not identical to the officer's primary duty.
5. Permanent Change of Station (PCS). The assignment or transfer of an officer to a different duty station under competent orders. It includes (1) the change from home or from the place from which ordered to active duty to the first duty station upon call to active duty (CAD) and (2) the change from the last permanent duty station to home upon separation.

Section D. Eligibility

1. To be eligible to receive HDIP-Bacteria under this INSTRUCTION, the officer must be assigned by competent orders for a period of 30 consecutive calendar days or more to primary duties involving laboratory work that utilizes live dangerous viruses or bacteria that requires the officer to:
 - a. Participate in or conduct applied or basic research that is characterized by a changing variety of techniques, procedures, equipment, and experiments; and
 - b. To work with micro-organisms:
 - (1) That cause diseases of humans:
 - (a) With a high potential for mortality; and

- (b) For which effective therapeutic procedures are not available; and
 - (c) For which no effective prophylactic immunization exists; and
- (2) Without bio-safety practices, equipment, and facilities appropriate appropriate to contain infectious microbiologic agents.
2. Officers who are receiving HDIP-Bacteria will continue to receive HDIP while in a TDY status, however HDIP will not be authorized if the officer is assigned TAD for a period in excess of 29 consecutive calendar days.

Section E. Rate of Pay

1. Monthly Rate. Pursuant to 37 U.S.C. 301(c), an officer is entitled to \$110 a month incentive pay for the performance of hazardous duty involving dangerous viruses and bacteria.
2. Adjustments to the Monthly Rate. When an officer is entitled to HDIP for a fractional portion of a month because of entry into or removal from HDIP on an intermediate day of a month, a payment of one-thirtieth of the monthly rate will be made for each day of entitlement. All calculations are based on a 30-day month.

Section F. Responsibilities

1. Director, Commissioned Personnel Operations Division (CPOD). The Director, CPOD shall be responsible for the overall administration of the HDIP program, including, but not limited to, the following:
 1. Developing policies and procedures for the payment of HDIP-Bacteria; and
 2. Preparing and issuing personnel orders authorizing, adjusting, or terminating HDIP-Bacteria.
2. PHS Agency Heads. PHS agency heads shall be responsible for the following:
 - a. Insuring the officer's billet description accurately identifies the duties the officer is expected to perform; and
 - b. Preparing HDIP requests/certifications for officers in accordance with Section G., below.

PHS agency heads cannot reassign the responsibilities listed above.

Section G. Procedures

1. Personnel Action. A Form PHS-1662, Request for Personnel Action - Commissioned Officers, must be initiated for each officer assigned to or reassigned from a position that meets the eligibility criteria stated in Section D., above. Exhibits I and II respectively identify the format and data required to be submitted.
2. Certifications. PHS agency heads will issue a certification whenever (1) an officer who is not receiving HDIP-Bacteria is assigned TAD to a position that meets the eligibility criteria of Section D., above, or (2) when an officer is receiving HDIP-Bacteria and is assigned TAD for a period in excess of 29 consecutive calendar days to a position that does not satisfy the criteria of Section D., above. Exhibits III and IV respectively of this INSTRUCTION identify the format and data required to be submitted.
3. Billet Description Review. In September of each year, CPOD will identify to PHS agency heads, billets which authorize officers to receive HDIP-Bacteria. PHS agency heads will review the billet descriptions and certify to CPOD that the billets are still current or update the billet descriptions as applicable.

Section H. Effective Dates of Payment

1. The effective date to begin payment of HDIP-Bacteria to an officer whose primary duty meets the eligibility requirements of Section D., above, will be:
 - a. The day the officer arrives at his/her station; or
 - b. The day the officer is assigned to a billet satisfying the eligibility criteria, whichever is later.
2. Payment of HDIP-Bacteria to an officer who is on TAD will begin on the day the officer reports to a laboratory to perform duties that satisfy the eligibility requirements of Section D., above, provided that the TAD will be for a period of 30 consecutive calendar days or more.
3. Eligibility to receive payment for HDIP-Bacteria will terminate effective 2400 hours on either:
 - a. The day prior to the effective date of an officer's departure on PCS or TAD. If HDIP-Bacteria is being paid due to TAD, payment will terminate on the day prior to departing the laboratory which qualified the officer for the payment; or
 - b. The day prior to being assigned primary duties that no longer meet the eligibility criteria of Section D., above, whichever is earlier.

EXHIBIT I

PHS-1002
REV. 11-83

REQUEST FOR PERSONNEL ACTION - COMMISSIONED OFFICERS

INSTRUCTIONS

REQUESTING OFFICE, FILL IN ITEMS 1 THROUGH 16 AND HAVE PROPER OFFICIALS SIGN ITEM 16.
FORWARD ORIGINAL AND FIRST COPY TO REACH DIVISION OF COMMISSIONED OFFICER PERSONNEL AT
LEAST 40 DAYS BEFORE PROPOSED EFFECTIVE DATE.

1 NAME (LAST) (FIRST) (MIDDLE) DCE, JOHN A. 111-22-3333		2 CORPS <input type="checkbox"/> REG <input checked="" type="checkbox"/> RES		3. CATEGORY Medical		4 CURRENT GRADE PERM <u>OL</u> TEMP IN DOWN RIGHT <u>OL</u> TEMP GRADED POSITION _____ 8 PHS SERIAL NO. (IF KNOWN) 11111	
5 NATURE OF ACTION REQUESTED <input type="checkbox"/> CALL TO ACTIVE DUTY <input checked="" type="checkbox"/> CHANGE OF ASSIGNMENT WITHIN DIVISION OR FIELD STATION: _____ AWAIT ORDERS				<input type="checkbox"/> TRANSFER <input type="checkbox"/> PERM <input type="checkbox"/> TEMP AND		<input type="checkbox"/> AMEND P. O. NO. _____ STATE REASON IN ITEM 14: _____	
7 EFFECTIVE DATE CALL TO ACTIVE DUTY: DATE OFFICER'S TRAVEL IS TO BEGIN (IF NO TRAVEL NECESSARY, DATE HE REPORTS TO FIRST ASSIGNMENT): _____ TRANSFER: (LAST DAY AT RELEASING STATION): _____ CHANGE OF ASSIGNMENT: (DATE HE REPORTS TO NEW ASSIGNMENT): _____				8 VICE ACTION: (FILL IN WHEN ONE OFFICER REPLACES ANOTHER IN THE SAME POSITION): NAME OF REPLACED OFFICER: _____			
9 SECURITY INFORMATION <input type="checkbox"/> NON-SENSITIVE POSITION <input type="checkbox"/> SENSITIVE POSITION DATE INDIVIDUAL CLEARED: _____				10 SUPERVISORY DIVISION: (GIVE DIVISION HAVING ADMINISTRATIVE SUPERVISION OVER OFFICER IF OTHER THAN THAT OF DIVISION REQUESTING PERSONNEL ACTION IN ITEM 16): _____			
11 TEMPORARY DUTY ENROUTE: (FILL IN WHEN OFFICER IS TO PERFORM TEMPORARY DUTY ENROUTE TO PERMANENT STATION): DATE _____ PLACE _____ PURPOSE _____							
12 TRANSFER OR CHANGE OF ASSIGNMENT: (SUPPLY ALL INFORMATION REQUESTED IN ITEMS 1 THROUGH 6 UNDER BOTH A AND B) CALL TO ACTIVE DUTY: (SUPPLY HOME ADDRESS IN FULL, ITEM 6 UNDER A, AND ALL INFORMATION REQUESTED IN ITEMS 1 THROUGH 6 UNDER B) ALL ACTIONS (A AND B 1) ALSO INDICATE BY CHECK (2) WHETHER OFFICER IS GOING INTO THE POSITION IN ACTING OR FULL CAPACITY:							
A FROM							
B TO							
DO NOT USE OFFICER'S CORPS RANK							
IS POSITION GRADED IF YES STATE GRADE							
<input type="checkbox"/> YES <input type="checkbox"/> NO GRADE _____							
<input type="checkbox"/> YES <input type="checkbox"/> NO GRADE _____							
3. BUREAU							
4. DIVISION							
5. BRANCH OR FIELD ACTIVITY							
6. ADDRESS							
7. STREET CITY STATE ZIP CODE: _____							
13 APPROPRIATION SYMBOL AND ALLOTMENT NO FOR PAY FROM _____ TO _____							
14 REMARKS: (STATE SPECIALTY REQUIRED BY POSITION BEING FILLED. ALSO USE FOR SPECIAL INSTRUCTIONS IF DESIRED OR NECESSARY.) Officer is assigned Billet Number _____ which meets the criteria of CCPM 22.3, INSTRUCTION 4, Section D, for payment of HDIP-Bacteria. Effective date of payment _____ Officer arrived station or was assigned this billet on _____ (Enter the latest date)							
15 TRAVEL INFORMATION A. TRANSPORTATION REQUESTED FOR OFFICER DEPENDENTS HOUSEHOLD GOODS AND EFFECTS ACCOMPANIED EXCESS BAGGAGE _____ LBS				B. TRAVEL AND TRANSPORTATION EXPENSE APPROPRIATION SYMBOL _____ ALLOTMENT NO _____ ALLOTMENT NO FOR EFFECTS IF DIFFERENT _____ ESTIMATED EXPENSE OFFICER \$ _____ DEPENDENTS \$ _____ EFFECTS \$ _____			
C. SPECIAL TRAVEL ALLOWANCES OR INSTRUCTIONS							
16 DIVISION AND BUREAU CLEARANCE AND APPROVAL BUDGET OFFICIAL ACTION: _____ DATE _____ REQUESTING OFFICIAL ACTION: _____ DATE _____ REQUESTING OFFICIAL ACTION: _____ DATE _____ BUREAU OFFICIAL ACTION: _____ DATE _____				17 DIVISION OF COMMISSIONED OFFICER PERSONNEL CLEARANCE SIGNATURE _____ DATE _____			

EXHIBIT II

PHS-1682
Rev 12 83

REQUEST FOR PERSONNEL ACTION - COMMISSIONED OFFICERS

INSTRUCTIONS REQUESTING OFFICE. FILL IN ITEMS 1 THROUGH 16 AND HAVE PROPER OFFICIALS SIGN ITEM 16. FORWARD ORIGINAL AND FIRST COPY TO REACH DIVISION OF COMMISSIONED OFFICER PERSONNEL AT LEAST 40 DAYS BEFORE PROPOSED EFFECTIVE DATE.

1 NAME (LAST) (FIRST) (MIDDLE) DCE, JOHN A. 111-22-3333		2 CORPS <input type="checkbox"/> RED <input checked="" type="checkbox"/> RES	3 CATEGORY Medical	4 CURRENT GRADE 04 PERM TEMP (KNOWN RIGHT) 04 TEMP GRADED POSITION
5 NATURE OF ACTION REQUESTED <input type="checkbox"/> CALL TO ACTIVE DUTY <input checked="" type="checkbox"/> CHANGE OF ASSIGNMENT WITHIN DIVISION OR FIELD STATION: _____ AWAIT ORDERS		<input type="checkbox"/> TRANSFER <input type="checkbox"/> PERM <input type="checkbox"/> TEMP AND	<input type="checkbox"/> AMEND P O NO _____ (STATE REASON IN ITEM 14)	6 PHS SERIAL NO (IF KNOWN) 11111
7 EFFECTIVE DATE CALL TO ACTIVE DUTY (DATE OFFICER'S TRAVEL IS TO BEGIN IF NO TRAVEL NECESSARY DATE HE REPORTS TO FIRST ASSIGNMENT): _____ TRANSFER (LAST DAY AT RELEASING STATION): _____ CHANGE OF ASSIGNMENT (DATE HE REPORTS TO NEW ASSIGNMENT): 02-15-84		8 VICE ACTION (FILL IN WHEN ONE OFFICER REPLACES ANOTHER IN THE SAME POSITION): NAME OF REPLACED OFFICER: _____		
9 SECURITY INFORMATION <input type="checkbox"/> NON-SENSITIVE POSITION <input type="checkbox"/> SENSITIVE POSITION DATE INDIVIDUAL CLEARED: _____		10 SUPERVISORY DIVISION (GIVE DIVISION HAVING ADMINISTRATIVE SUPERVISION OVER OFFICER IF OTHER THAN THAT OF DIVISION REQUESTING PERSONNEL ACTION IN ITEM 16): _____		
11 TEMPORARY DUTY ENROUTE (FILL IN WHEN OFFICER IS TO PERFORM TEMPORARY DUTY ENROUTE TO PERMANENT STATION): DATE _____ PLACE _____ PURPOSE _____				
12 TRANSFER OR CHANGE OF ASSIGNMENT - SUPPLY ALL INFORMATION REQUESTED IN ITEMS 11 THROUGH 16 UNDER BOTH A AND B CALL TO ACTIVE DUTY - SUPPLY HOME ADDRESS IN FULL (ITEM 6) UNDER A AND ALL INFORMATION REQUESTED IN ITEMS 1 THROUGH 16 UNDER B ALL ACTIONS - ITEM B(1) ALSO INDICATE BY CHECK (X) WHETHER OFFICER IS GOING INTO THE POSITION IN ACTING OR FULL CAPACITY				
A FROM		B TO		
1. ORGANIZATIONAL OR POSITION TITLE		1. _____		
DO NOT USE OFFICER'S CORPS RANK:				
2. IS POSITION GRADED? YES STATE GRADE		2. _____		
<input type="checkbox"/> YES <input type="checkbox"/> NO GRADE _____		<input type="checkbox"/> YES <input type="checkbox"/> NO GRADE _____		
3. BUREAU		3. _____		
4. DIVISION		4. _____		
5. BRANCH OR FIELD ACTIVITY		5. _____		
6. ADDRESS STREET CITY STATE ZIP CODE:		6. _____		
13 APPROPRIATION SYMBOL AND ALLOTMENT NO FOR PAY FROM _____ TO _____				
14 REMARKS STATE SPECIALTY REQUIRED BY POSITION BEING FILLED ALSO USE FOR SPECIAL INSTRUCTIONS IF DESIRED OR NECESSARY: HDIP-Bacteria is terminated effective _____. Officer departed station on PCS or was assigned to a billet which does not meet the criteria of CCPM 22.3, INSTRUCTION 4, SECTION D, on _____.				
15 TRAVEL INFORMATION A TRANSPORTATION REQUESTED FOR OFFICER		B TRAVEL AND TRANSPORTATION EXPENSE		
DEPENDENTS		APPROPRIATION SYMBOL		
HOUSEHOLD GOODS AND EFFECTS		ALLOTMENT NO		
ACCOMPANIED EXCESS BAGGAGE _____ LBS		ALLOTMENT NO FOR EFFECTS IF DIFFERENT		
		ESTIMATED EXPENSE	OFFICER	DEPENDENTS
			\$	\$
C SPECIAL TRAVEL ALLOWANCES OR INSTRUCTIONS				
16 DIVISION AND BUREAU CLEARANCE AND APPROVAL BUDGET OFFICIAL - PAY AND TRAVEL EXPENSE		17 DIVISION OF COMMISSIONED OFFICER PERSONNEL CLEARANCE		
REQUESTING OFFICIAL - ACTION		SIGNATURE		
REQUESTING OFFICIAL - ACTION		DATE		
BUREAU OFFICIAL - ACTION		DATE		

EXHIBIT III



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Memorandum

Date

From (Applicable Agency Address)

Subject Authorization for HDIP-Bacteria for Period of Temporary Additional Duty (TAD) in Excess of 29 Consecutive Calendar Days

To Chief, Compensation Branch
Room 4-50, Parklawn Building
5600 Fishers Lane
Rockville, MD 20857

(Officer's Name), _____
(Officer's SSAN) was on
temporary additional duty (TAD) for the period _____ through
_____ pursuant to _____
(Order Number, Date and Issuing
Headquarters). During the period of the officer's TAD, he/she was assigned
primary duties which met the eligibility criteria of CCPM 22.3, INSTRUCTION 4,
Section D.

(Signature of Agency Head)Attachment
TAD Order

EXHIBIT IV



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Memorandum

Date

From (Applicable Agency Address)

Subject Termination of HDIP-Bacteria for Period of Temporary Additional Duty (TAD) in Excess of 29 Consecutive Calendar Days

To Chief, Compensation Branch
Room 4-50, Parklawn Building
5600 Fishers Lane
Rockville, MD 20857

(Officer's Name), (Officer's SSAN) was on temporary additional duty (TAD) for the period through pursuant to (Order Number, Date and Issuing Headquarters). During the period of the officer's TAD, he/she was assigned primary duties which did not meet the eligibility criteria of CCPM 22.3, INSTRUCTION 4, Section D. Appropriate adjustments are required in the officer's pay.

(Signature of Agency Head)

Attachment
TAD Order