## 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 toxic pesticides.
Section B. Authority

Commissioned officers are authorized to receive HDIP for performing duties that involve frequent and regular exposure to highly toxic pesticides 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-Pesticides. Short title for Hazardous Duty Incentive Pay for duty involving toxic pesticides.


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-Pesticides under this INSTRUCTION, the officer must be assigned by competent orders for a period of 30 consecutive calendar days or more to entomology, pest control, pest management, or preventive medicine functions where the primary duties involve:

   a. Frequent and regular application of fumigants without the use of practices and equipment that are designed to eliminate hazardous exposures; and
b. Use of the following fumigants:

(1) Phosphine, sulfuryl fluoride, hydrogen cyanide, methyl bromide or

(2) A fumigant of comparable high acute toxicity and hazard potential.

2. Officers who are receiving HDIP-Pesticides will continue to receive HDIP while in a TDY status; however, HDIP will not be authorized if the officer is TAD for a period in excess of 29 consecutive calendar days and such TAD does not involve duties as defined in D.1., above.

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 toxic pesticides.

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:

   a. Developing policies and procedures for the payment of HDIP-Pesticides; and
   
   b. Preparing and issuing personnel orders authorizing, adjusting, or terminating HDIP-Pesticides.

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., next page.

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-Pesticides is assigned TAD to a position that meets the eligibility criteria of Section D., above, or (2) when an officer is receiving HDIP-Pesticides 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-Pesticides. 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-Pesticides 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-Pesticides to an officer who is on TAD will begin on the day the officer reports to a station/location 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-Pesticides 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-Pesticides is being paid due to TAD, payment will terminate on the day prior to departing the station/location 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

REQUEST FOR PERSONNEL ACTION COMMISSIONED OFFICERS
INSTRUCTIONS: REQUEST OFFICE INSTRUCTIONS TO PROCEED WITH ITEM 16 AND HAVE PROPER OFFICIALS SIGN INSTR. 16. FORWARD ORIGINAL AND FIRST COPY TO REACH DIVISION OF COMMISIONED OFFICER PERSONNEL AT LEAST 40 DAYS BEFORE PROPOSED EFFECTIVE DATE.

<table>
<thead>
<tr>
<th>NAME</th>
<th>1st</th>
<th>MIDDLE</th>
<th>2nd</th>
<th>CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOE, JOHN A.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>111-22-3333</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Nature of Action Requested: [Transfer] [Merit] [Medical] [Other]

8. Change of Assignment: [Change] [Transfer] [Promotion] [Loss]

C.級 ASSIGNMENT OR FIELD STATION: [Await Orders]

1. Effective Date: 10-01-82

9. Security Information:

   - Non-Sensitive Position
   - Sensitive Position

11. Temporary Duty Enroute: [Yes] [No]

12. Transfer or Change of Assignment: Supply all information requested in Item 11 through 16, under both A and B.

13. Appropriate Symbols and Allocation No. for Pay from: [ ]

14. Remarks: [ ]

Officer is assigned Billet Number... which meets the criteria of CC22.3, INSTRUCTION 5, Section D for payment of HDIP-Pesticides. Effective date of payment...

16. Travel Information:

A. Transportation requested for:

   [ ] Officer
   [ ] Dependants

B. Travel and Transportation Expense

   [ ] Estimated Expense
   [ ] Other

C. Special Travel, Alliances, or Instructions

17. Division of Commissioned Officers Personnel Clearance

   [ ] Signature

DEPARTMENT OF HEALTH AND HUMAN SERVICES T.S. PHS-CC 440 9/25/84
### Exhibit II

**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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Corps</th>
<th>Category</th>
<th>Current Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doe, John A.</td>
<td>111-22-3333</td>
<td>HSO</td>
<td>06</td>
</tr>
</tbody>
</table>

**Nature of Action Requested:**
- [ ] Call to Active Duty
- [ ] Transfer
- [ ] Amend
- [ ] Change of Assignment
- [ ] Temp and
- [ ] State reason in item 16

**Effective Date:**
- Call to Active Duty: [Date]
- Transfer: [Last day at releasing station]
- Change of Assignment: [Date he reports to new assignment]

**Supervisory Division:**
- [ ] Supervisory Division

**Temporary Duty Enroute Fill, in which officer is to perform temporary duty enroute to permanent station:**
- [ ] Date
- [ ] Place
- [ ] Purpose

**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 16 under A, and all information requested in items 11 through 16 under B.

**Appropriation Symbol and Allotment No. for Pay:**
- [ ] From
- [ ] To

**Remarks:**
- State specialty required by position being filled. Also use for special instructions if desired or necessary.
- HDIP-Pesticides is terminated effective [Date], Officer departed station on PCS or was assigned to a billet which does not meet the criteria of CCPH 22.3.

**Travel Information:**
- [ ] Travel, and Transportation Expense

<table>
<thead>
<tr>
<th>Dependent</th>
<th>Accompanied</th>
<th>Excess Baggage</th>
</tr>
</thead>
</table>

**Division and Bureau Clearance and Approval:**
- [ ] Division official - action
- [ ] Bureau official - action

**Division of Commissioned Officer Personnel Clearance:**
- [ ] Requesting official - action
- [ ] Bureau official - action

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**Department of Health and Human Services**

T.S. PHS-CC 440 9/25/84
DEPARTMENT OF HEALTH & HUMAN SERVICES

Memorandum

Date

From (Applicable Agency Address)

Subject Authorization for HDIP-Pesticides 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 5, Section D.

(Signature of Agency Head)

Attachment
TAD Order

DEPARTMENT OF HEALTH AND HUMAN SERVICES T.S.  PHS-CC 440 9/25/84
DEPARTMENT OF HEALTH & HUMAN SERVICES

Memorandum

Date

From (Applicable Agency Address)

Subject Termination of HDIP-Pesticides 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 5, Section D. Appropriate adjustments are required in the officer's pay.

_________ (Signature of Agency Head)

Attachment
TAD Order