

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.
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-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

PM 1882
Rev. 17 81

REQUEST FOR PERSONNEL ACTION COMMISSIONED OFFICERS
INSTRUCTIONS REQUESTING OFFICE FILL IN ITEMS 1 THROUGH 18 AND HAVE PROPER OFFICIALS SIGN ITEM 18
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) DOE, JOHN A. 111-22-3333		2 CORPS <input type="checkbox"/> REG <input checked="" type="checkbox"/> RES		3 CATEGORY		4 CURRENT GRADE PERM 04 TEMP (IN ORN RIGHT) 174 TEMP GRADED POSITION 6 PHS - SERIAL NO. (IF KNOWN) 11111	
8 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 10)	

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) 10-01-82		9 VICE ACTION (FILL IN WHEN ONE OFFICER REPLACES ANOTHER IN THE SAME POSITION) NAME OF REPLACED OFFICER		10 SUPERVISORY DIVISION (GIVE DIVISION HAVING ADMINISTRATIVE SUPERVISION OVER OFFICER IF OTHER THAN THAT OF DIVISION REQUESTING PERSONNEL ACTION IN ITEM 10)	
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9 SECURITY INFORMATION
 NON-SENSITIVE POSITION DATE INDIVIDUAL CLEARED
 SENSITIVE POSITION

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 - IN ITEM (1), ALSO INDICATE BY CHECK (3), WHETHER OFFICER IS GOING INTO THE POSITION IN "ACTING" OR "FULL" CAPACITY

A. FROM		B. TO	
(1)	ORGANIZATIONAL OR POSITION TITLE (DO NOT USE OFFICER'S CORPS RANK)	(1)	<input type="checkbox"/> ACTING <input type="checkbox"/> FULL
(2)	IS POSITION GRADED IF "YES", STATE GRADE	(2)	<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)
 Officer is assigned Billet Number _____ which meets the criteria of CCPM 22.3, INSTRUCTION 5, Section D for payment of HDIP-Pesticides. Effective date of payment . Officer arrived station or was assigned this billet on _____

15 TRAVEL INFORMATION A. TRANSPORTATION REQUESTED FOR:		B. TRAVEL AND TRANSPORTATION EXPENSE			
OFFICER	YES	NO	APPROPRIATION SYMBOL		
DEPENDENTS			ALLOTMENT NO.		
HOUSEHOLD GOODS AND EFFECTS			ALLOTMENT NO. FOR EFFECTS IF DIFFERENT		
ACCOMPANIED EXCESS BAGGAGE _____ LBS			ESTIMATED EXPENSE	OFFICER	DEPENDENTS
			\$	\$	\$

C SPECIAL TRAVEL ALLOWANCES OR INSTRUCTIONS

16 DIVISION AND BUREAU CLEARANCE AND APPROVAL		17 DIVISION OF COMMISSIONED OFFICER PERSONNEL CLEARANCE	
SUBJECT OFFICIAL - PAY AND TRAVEL EXPENSE	DATE	SIGNATURE _____ DATE _____	
REQUESTING OFFICIAL - ACTION	DATE		
REQUESTING OFFICIAL - ACTION	DATE		
BUREAU OFFICIAL - ACTION	DATE		

EXHIBIT II

PHS 1982
Rev. 12 83

REQUEST FOR PERSONNEL ACTION - COMMISSIONED OFFICERS

INSTRUCTIONS

REQUESTING OFFICE, FILL IN ITEMS 1 THROUGH 16, AND HAVE PROPER OFFICIALS SIGN ITEM 18.
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) DOE, JOHN A. 111-22-3333			2 CORPS <input type="checkbox"/> REG <input checked="" type="checkbox"/> RES		3 CATEGORY HSO		4 CURRENT GRADE PERM 04 TEMP (IN OWN RIGHT) 04 TEMP GRADED POSITION 6 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)			() TRANSFER <input type="checkbox"/> PERM <input type="checkbox"/> TEMP AND AWAIT ORDERS		<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) <u>03-15-84</u>		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 18)	

11 TEMPORARY DUTY ENROUTE (FILL IN WHEN OFFICER IS TO PERFORM TEMPORARY DUTY ENROUTE TO PERMANENT STATION) DATE _____ PLACE _____ PURPOSE _____		
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12 TRANSFER OR CHANGE OF ASSIGNMENT - SUPPLY ALL INFORMATION REQUESTED IN ITEMS (1) THROUGH (8) UNDER BOTH A AND B
CALL TO ACTIVE DUTY - SUPPLY HOME ADDRESS IN FULL, ITEM (8) UNDER A, AND ALL INFORMATION REQUESTED IN ITEMS (1) THROUGH (8) UNDER B
ALL ACTIONS - IN ITEM 8 (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)	
(2)	IS POSITION GRADED IF "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-Pesticides 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 5, Section D, on _____.

15 TRAVEL INFORMATION A. TRANSPORTATION REQUESTED FOR OFFICER		B. TRAVEL AND TRANSPORTATION EXPENSE	
DEPENDENTS	YES NO	APPROPRIATION SYMBOL	
HOUSEHOLD GOODS AND EFFECTS	YES NO	ALLOTMENT NO.	
ACCOMPANIED EXCESS BAGGAGE _____ LBS		ALLOTMENT NO. FOR EFFECTS IF DIFFERENT	
		ESTIMATED EXPENSE	OFFICER \$ _____ DEPENDENTS \$ _____ EFFECTS \$ _____

16 DIVISION AND BUREAU CLEARANCE AND APPROVAL		17 DIVISION OF COMMISSIONED OFFICER PERSONNEL CLEARANCE	
BUDGET OFFICIAL - PAY AND TRAVEL EXPENSE	DATE	SIGNATURE _____ DATE _____	
REQUESTING OFFICIAL - ACTION	DATE		
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-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

EXHIBIT IV



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

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 c
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