Date _____

From: _____ (code _____)
(Employee)

_____ (code _____)
(Employee)

_____ (code _____)
(Employee)

_____ (code _____)
(Employee)

To: First Line Supervisor _____ (code _____)
(First Line Supervisor)

Subj: REQUEST TO ESTABLISH OR CHANGE ENVIRONMENTAL/HAZARD PAY

Ref: (a) FRCSEINST 12590.1 Environmental Differential Pay/Hazard Pay Differentials Situations and Procedures for Authorizing Payment

Encl: (1) Position Description(s) # _____

Per reference (a), I submit the following information, along with my position description (enclosure (1)).

1. My classification:

☐ General schedule employee performing hazardous duty or duty involving physical hardship
☐ Wage grade employee exposed to a hazard, physical hardship or working condition of an unusually severe nature

2. Description of the work, including types of chemicals, materials, nature of work, etc.:

_____
_____
_____
_____
_____
_____
_____

3. The extent of my exposure specifically, the frequency, duration, and how long the duty/exposure will continue:

_____
_____
_____
_____
_____
_____
_____

4. The above information is true and complete, to the best of my knowledge. If the above information changes, another request will be submitted. I understand that this form is a request, and that payment of environmental differential pay is to be made when, and if, this request is subsequently approved by the Executive Officer.

_____
Employee Signature

_____
Employee Signature

_____
Employee Signature

_____
Employee Signature

From: _____ (code _____)
(First Level Supervisor)

To: _____ (code _____)
(Branch Head)

1. The degree to which engineering controls may be exercised over the exposure:

_____
_____
_____
_____
_____

2. The extent to which personal protective equipment provides protection from exposure:

_____
_____
_____
_____
_____

3. The estimated annual cost to the activity, if the request is approved: $ _____

_____
First Line Supervisor Signature

From: _____ (code _____)
(Branch Head)

To: _____ (code _____)
(SBT Lead/Division Director)

Per reference (a), the following recommendation is provided::

_____
_____
_____
_____
_____

_____
Branch Head Signature

From: _____ (code _____)
(SBT Lead/Division Director)

To: _____
(Director, Occupational Safety and Health (OSH) Division (code 64500))

Per reference (a), the following recommendation is provided::

_____
_____
_____
_____
_____

_____
SBT Lead/Division Director Signature

From: _____
(Director, Occupational Safety and Health (OSH) Division (code 64500))

To: _____
(Human Resources Office, FRCSE Satellite Manager (code N02HRND))

I have reviewed the work situation reported in reference (a), along with relevant safety and industrial hygiene documentation. I report the following degree of hazards, physical hardships, or working conditions and provide the following recommendation:

_____
_____
_____
_____
_____

_____
Director, Occupational Safety and Health (OSH) Division (code 64500) Signature

---

From: _____
(Human Resources Office, FRCSE Satellite Manager (code N02HRND))

To: _____
(Chairman, Environmental/Hazard Pay Board)

I have reviewed the situation reported, the OSH review and recommendation, and other information as appropriate. I recommend the following:

_____
_____
_____
_____
_____

_____
Human Resources Office, FRCSE Satellite Manager (code N02HRND) Signature

From: _____
(Chairman, Environmental/Hazard Pay Board)

To: _____
(Executive Officer)

I have reviewed the situation reported in reference (a), all of the above reviews and recommendations. I recommend the following:

_____
_____
_____
_____
_____

_____
Chairman, Environmental/Hazard Pay Board Signature

From: _____
(Executive Officer)

To: _____
(Employee)

☐ Approved ☐ Disapproved

Comments:

_____
_____
_____
_____
_____

_____
Executive Officer Signature

All fields are required

ALL required fields on this form must be completed and those not required indicate N/A