ENVIRONMENTAL DIFFERENTIAL PAY (EDP) REQUEST

INSTRUCTIONS

Part I. To be completed by the individual having first hand knowledge of the hazard, and/or condition of an unusual nature. This is normally the first-level supervisor.

Part II. To be completed by the department head. If EDP is recommended, forward request to the Civilian Human Resources Office-East(CHRO-E), Classification Team.

Part III To be completed by CHRO-E. Copies of completed request will be provided to the requesting office and the Industrial Occupation Safety and Health Division (Code 6.5.1) when applicable.

Check One: ☐ Initial Request for Review ☐ Request for Reconsideration

PART I. REQUEST FOR EDP EVALUATION

1. Request the following situation be reviewed for EDP. a. Description of Work Situation: (include shop and building number)

b. Actions Taken to Reduce of Eliminate Condition

c. Recommended Category	Differential Rate

2. Position(s) Affected (official title, series, grade and position number)

Requested by (Typed/Printed name and Signature)	Title	Date

Phone	E-mail

PART II. DEPARTMENT HEAD RECOMMENDATION

Situation outlined in Part I has been thoroughly reviewed and EDP is: (check one)

☐ Recommended ☐ Not Recommended

If recommended, state reasons in accordance with Appendix A of Title 5 CFR, Part 532, Subpart E:

If not recommended, please explain:

DEPARTMENT HEAD TYPED/PRINTED NAME AND SIGNATURE	Date

PART III. CHRO-EAST CLASSIFICATION TEAM

☐ **Approved** **Category** _____ **Differential** _____

☐ **Disapproved (Outline reasons in Part IV)**

TYPED/PRINTED NAME AND SIGNATURE	**Title**	Date

PART IV. REMARKS