ENVIRONMENTAL DIFFERENTIAL PAY (EDP) REQUEST

EDP relates to Federal Wage System (FWS) employees and is payable to employees exposed to a physical hardship or working condition of an unusually severe nature.

INSTRUCTIONS

Part I. To be completed by the person who has first hand knowledge of the hazard, and/or condition of an unusual nature. This is usually the first level-supervisor.

Part II. To be completed by the Department Head. If EDP is recommended, forward request to servicing Civilian Human Resources Office.

Part III. To be completed by the servicing Civilian Human Resources Office. Copies of completed request will be provided to the requesting office; Payroll (if approved); Safety Office; Industrial Hygienist and local bargaining unit.

Part IV. Remarks

Check One	◯ Initial Request for Review	◯ Request for Reconsideration

PART I. REQUEST FOR EDP EVALUATION

1. Request for review:

a. Description of work situation: (Include shop and building number)

b. Actions taken to reduce or eliminate condition:

c. Recommended Category:	Differential Rate:

2. Position(s) affected:

a. Official title, series, grade and position number:

Requested by (Printed/Typed Name and Signature):	Title:	Date
Phone Number:	Email:	

PART II. DEPARTMENT HEAD RECOMMENDATION Situation outlined in Part I has been thoroughly reviewed and EDP is:	◯ Recommended	◯ Not Recommended
If recommended, state reasons in accordance with references (a) and (b), and this order:		
If not recommended, please explain:		
DEPARTMENT HEAD TYPED/PRINTED NAME AND SIGNATURE	Date:	
PART III. CIVILIAN HUMAN RESOURCES OFFICE (Determination will be based on the EDP Committee's recommendation)		
◯ Approved	Category:	Differential:
◯ Disapproved (Outline reasons in Part IV)		
TYPED/PRINTED NAME AND SIGNATURE:	Title:	Date:
PART IV. REMARKS		

Reset Form