

HHS Transmittal 99.4
Personnel Manual
Issue Date: 11/1/99

Material transmitted

Instruction 595-1, Physicians' Comparability Allowance

Material superseded

Instruction 595-1, Physicians' Comparability Allowance (all),
dated January 30, 1996

Background

The Department's new Physicians' Comparability Allowance (PCA) plan has been approved by the Office of Management and Budget (OMB). The revised plan incorporates the new maximum \$30,000 annual limit on total PCA for any given individual. Previously, the statutory maximum was \$20,000.

Filing Instructions

Remove superseded material and file new material. Post receipt of this transmittal to the HHS Check List of Transmittals and file this transmittal in sequential order after the check list.

Evelyn M. White
Deputy Assistant Secretary
for Human Resources

INSTRUCTION 595-1

DISTRIBUTION: MS (PERS): HRFC-001

Subject: PHYSICIANS' COMPARABILITY ALLOWANCE

HHS 595-1-00 Purpose and Legal Authorities

- 10 Definitions
- 20 Coverage and Exclusions
- 30 Authorities and Responsibilities
- 40 Policy
- 50 Establishing Additional PCA Payment Classes
- 60 Annual Review Requirements and Reporting Procedures
- 70 Procedures for Requesting Waivers of Repayment

- Exhibit 595- 1-A Definitions
- Exhibit 595- 1-B Format for Documenting Recruitment and Retention Problems
- Exhibit 595- 1-C Tables for Computing Maximum PCA Allowance Payments
- Exhibit 595- 1-D Appointment and Pay Authorities for Which PCA May be Paid
- Exhibit 595- 1-E Creditable Service as a Government Physician
- Exhibit 595- 1-F Sample Agreement

595-1-00 PURPOSE AND LEGAL AUTHORITIES

A. Purpose

1. The Federal Physicians' Comparability Allowance Act of 1978, as amended, authorizes payment of special allowances to enhance the recruitment and retention of physicians. Physicians' Comparability Allowance (PCA) payments may be authorized only to solve severe recruitment and retention problems that can be documented. The law specifies that an agency must determine the categories of physicians where conditions indicate that recruitment and retention problems exist and set an allowance, that, when coupled with other pay and benefits, is the minimum amount needed to alleviate these problems. Agencies may enter into agreements with physicians which require that the physician complete a specified period of service in return for payment of an allowance.
2. This Instruction provides policy and guidance for implementing the PCA Program in the Department of Health and Human Services.

B. Legal Authorities

1. Title 5 U.S.C. §5948, Physicians' Comparability Allowances;
2. 5 CFR 595, Physicians' Comparability Allowances.

595-1-10 DEFINITIONS

See Exhibit 595-1-A for definitions and terms used in this plan.

595-1-20 COVERAGE AND EXCLUSIONS

- A. This plan is intended to cover eligible physicians assigned to all Operating Divisions (OPDIVs) of the Department of Health and Human Services (HHS).
- B. There are several conditions which must be satisfied before a physician may be considered eligible to receive PCA. Some factors relate to the position to which the physician is assigned, while others relate to the physician. In all cases, the position occupied by the physician must be in an approved PCA Payment Class before the physician may be offered the opportunity to receive PCA.
1. Positions Eligible for Coverage Positions that may be considered for application of PCA include those which:
 - a. are classified in the Medical Officer, 0602 occupational series; and,
 - b. satisfy one of the criteria for determination as a Government physician for purposes of paying PCA [see Exhibit 595-1-D].
 2. Positions Excluded from Coverage Excluded from eligibility are:
 - a. positions which do not require the services of physicians who fully meet OPM qualification standards;
 - b. positions classified as interdisciplinary;
 - c. residency or internship positions; and
 - d. positions established under any appointment or pay authority identified in Exhibit 595-1-E as being ineligible for PCA.
 3. Individuals Eligible for Coverage Physicians who are on permanent or temporary appointments of at least one year and who are employed full-time, or on a part-time work schedule of at least 40 hours per pay period are eligible for coverage.
 4. Individuals Not Eligible for Coverage The following individuals are not eligible to receive PCA:
 - a. physicians in the EX pay plan;

- b. reemployed annuitants;
- c. employees fulfilling scholarship obligations;
- d. physicians in the PHS Commissioned Corps;
- e. physicians receiving Physician Special Pay (PSP); and
- f. physician members of the Senior Biomedical Research Service (SBRIS)

[NOTE: loan repayment obligees are eligible to receive PCA; however, the amount of PCA must be reduced by the amount of the loan obligation that falls within the time period of the PCA service agreement.]

595-1-30 AUTHORITIES AND RESPONSIBILITIES

A. Authorities

Heads of Operating Divisions, including the Assistant Secretary for Management and Budget for the Office of the Secretary, have the authority to establish programs for the payment of PCA to eligible physicians within their organizations. This authority, which may be redelegated, includes:

1. certifying that a physician is required in a position, and that board certification is or is not required relative to the payment of PCA;
2. establishing a PCA payment class within a PCA category and subcategory for a position or group of positions, based on a determination that recruitment and retention problems are significantly hindering the organization's programs and objectives (NOTE: The determination of whether a recruitment and retention problem exists will be based on a thorough analysis of relevant information as prescribed in Exhibit 595-1-B);
3. approving and issuing PCA agreements and determining actual allowances to be paid to physicians;
4. approving payment of PCA to former members of the uniformed services who retired with 20 or more years of service but less than 30 years of service and who do not have a break of service of at least one year; or who resigned their commission and do not have a break-in-service or service in a civilian position for at least 90 days; or any combination of a continuous break-in-service and civilian service of at least 90 days; [this approval authority must be exercised, as a minimum, by an official who reports directly to the OPDIV Head];

5. approving repayment waiver requests when an employee terminates a PCA service agreement for acceptable reasons;
6. establishing additional PCA subcategories.

B. Responsibilities

1. The Deputy Assistant Secretary for Human Resources (DASHR) is responsible for:
 - a. Establishing and disseminating Department PCA policies and guidance; and
 - b. Coordinating the collection, analysis and dissemination of information to OPDIVS and other interested organizations outside the Department.
2. OPDIV personnel offices for their respective organizations, including the Program Support Center (PSC) personnel office for OS, are responsible for:
 - a. Formulating plans for the administration of the PCA;
 - b. Establishing and disseminating additional guidance, as necessary;
 - c. Providing recommendations to the OPDIV Head concerning the appropriate PCA category, subcategory and payment class for a position or group of positions;
 - d. Assigning PCA payment class identifiers and maintaining a listing of titles and definitions of assigned PCA payment classes;
 - e. Selecting the most appropriate, established PCA payment class within a category and subcategory for a position and/or recommending a new PCA payment class for a position(s) within a category and subcategory;
 - f. Determining employee eligibility to receive PCA and the appropriate PCA amounts for eligible employees based on: (1) the PCA category, subcategory and payment class of the position to which the employee is assigned and the relevant characteristics of the employee including creditable experience; (2) board certification if required by the position; (3) service obligation that would make an employee ineligible to receive PCA; (4) offset for loan repayments; and (5) other appropriate requirements;

- g. Assuring the service agreement has been signed by the physician, notarized, and signed by the management official and personnel official before issuing an SF-50, Notification of Personnel Action;
 - h. Assisting the physician in developing and forwarding request for waiver of repayment when the reason for termination is beyond the physician's control (see Section 595-1-40. P., below); and
 - i. Preparing periodic reports and other information as requested by the DASHR.
- 3. Physicians receiving PCA are responsible for:
 - a. Providing the personnel office with accurate, complete and timely information necessary to determine eligibility for PCA payment class and PCA amount;
 - b. Notifying the personnel office when circumstances occur that may affect the terms and conditions of the service agreement.
 - c. Repaying the Government when a service agreement is terminated voluntarily by the physician or when the physician is removed from his/her position due to misconduct; and
 - d. Initiating a written request for waiver of repayment when the physician believes that the circumstances leading to the termination of the service agreement were beyond his/her control (see Section 595-1-40. O., below).

595-1-40 POLICY

A. Rationale for Paying PCA

- 1. PCA is authorized only for the purpose of addressing demonstrated recruitment and retention problems. For the purpose of this allowance, recruitment and retention problems are considered to exist if all of the following conditions exist:
 - a. history of long-lasting vacant positions;
 - b. high turnover rates in positions requiring well-qualified physicians;
 - c. applicants do not have the superior qualifications necessary for the position; and

- d. existing vacancies cannot be filled with well-qualified candidates without the use of PCA.
2. Recruitment and retention problems must be thoroughly documented, following the guidelines contained in Exhibit 595-1-B.

B. Payment of PCA

1. Physicians' comparability allowances must be based on the minimum amount required to prevent recruitment and retention problems. Accordingly, the amount should be based on such considerations as relative earnings, responsibilities, expenses, workload, working conditions, and benefits for comparable physician positions inside and outside the Federal government. Within this Department, this is accomplished by applying the following factors: category and subcategory of work performed; mission-specific factors; board certification; and grade of the physician. Other considerations, such as management's ability to authorize additional compensation under other discretionary pay authorities, may also come into play when deciding if payment of PCA is the most effective method of addressing recruitment and retention problems.
2. The categories and subcategories of work established in this Department for which physicians may receive PCA are summarized below. OPDIV heads may authorize the use of additional subcategories as needed to cover unique work situations. Detailed descriptions can be found with the Definitions in Exhibit 595-1-A.

	Category	Subcategory
I.	Clinical	a. Shortage Specialty b. Locale c. Duties
II.	Research	a. Research b. Research in Specific Health Problems Related to Food, Drugs and Devices c. Epidemiology and Occupational Research
III.	Occupational Health	a. Shortage Specialty b. Locale
IV.	Disability Evaluation and Administration of Health and Medical Programs	a. Disability Evaluation b. Administration

3. Mission-Specific Factors may be used to provide up to \$10,000 additional allowance as authorized by Public Law 105-266 (Federal Employees Health Care Protection Act of 1998). These criteria are structured to alleviate severe retention problems and to enable OPDIVs to target additional payments under the Act to address their most critical program needs. Mission-specific allowances are used to retain expertise in areas such as scientific research, science administration, or public health administration. Illustrative examples would include the prevention and alleviation of illness, disease, and the most intractable threats to the nation's health; and assuring the health care security and improving health outcomes for the nation's beneficiaries under the Medicare, Medicaid, and related programs. OPDIVs may target funds to positions determined to be most essential or urgent to these needs. OPDIVs must develop explicit, written criteria for these factors, linked to the mission of the employing organization. The criteria should reflect considerations such as critical mission, special legislative mandate, or highly visible or controversial approach to public health problems.

C. Length of Service as a Government Physician

1. Exhibit 595- 1-D summarizes appointment and pay authorities that are qualifying for determining the length of service as a Government physician. The employee's length of service as a Government physician is used to determine the maximum amount that he/she earns under the law on a per annum basis. All periods of qualifying service are counted toward the total, including non-continuous service. Periods of leave without pay (LWOP), absence without leave (AWOL), suspension, or other non-paid absences do not count toward the length of service as a government physician.
2. Physicians who have 24 or fewer months of service as a government physician may be paid no more than \$14,000 per annum as determined by the effective date and termination date of the service agreement. Physicians with more than 24 months of service as a government physician may be paid no more than \$30,000 per annum.

D. Amount of PCA

1. The amount of PCA authorized should be the minimum amount required to prevent or ameliorate to the extent practical the recruitment and retention problem.
2. The Tables for Comparability Allowances presented in Exhibit 595- 1-C reflect the maximum PCA amounts that may be paid for various categories and subcategories of positions throughout the Department. OPDIV Heads may further specify payment amounts for newly-established subcategories which do not exceed existing maximums.

E. Offering PCA to Physicians Occupying Positions in Approved PCA Payment Classes

1. PCA is a position-based pay authority. Once positions have been approved for receipt of PCA and are assigned to a PCA Payment Class, any physician occupying a position in that payment class must be offered the opportunity to receive PCA.
2. The withholding of PCA from an individual physician for reasons of performance, misconduct, or other reason unrelated specifically to the position is inappropriate. Other appropriate personnel provisions (e.g., performance based action or adverse action) should be used to address these issues. However, this does not preclude the use of exemplary performance as a factor in awarding mission-specific pay as provided in Appendix C.

F. Relationship of PCA to Basic Pay

1. PCA is not considered basic pay for purposes of premium pay (5 U.S.C. Chapter 55), payment for accumulated and accrued leave (Chapter 55, Subchapter VI), severance pay (5 U.S.C. § 5595), compensation for work injuries (5 U.S.C. Chapter 81), retirement (5 U.S.C. Chapters 83 and 84), or life insurance (5 U.S. C. Chapter 87).
2. PCA payments are made on a pay period basis.

G. Relationship of PCA to Other Delegated or Discretionary Pay Authorities

1. Other Delegated Pay Authorities The Department also compensates certain physicians under additional pay authorities. These include Physician Special Pay (PSP) under Title 38, and the Senior Biomedical Research Service (SBRS) under Title 42. Physicians paid under either of these authorities are not eligible to receive PCA. OPDIV heads will determine which pay system is most appropriate for use within a given organization to best address recruitment and retention problems and overall mission requirements.
2. Other Discretionary Pay under Title 5 Physicians who receive PCA may also receive other forms of discretionary pay under Title 5, such as Recruitment and Relocation Bonuses and Retention Allowances (5 U.S.C. 5773 and 5774). However, every effort must be made to ensure that additional compensation is authorized for a physician under these authorities only in extreme cases, and, after the OPDIV head has determined that failure to approve additional compensation will result in the organization's inability to meet critical mission requirements. Total PCA amounts normally payable to a position may be reduced for an employee when it is determined that total compensation, including any discretionary pay, exceeds that needed to address the recruitment and/or retention problems which exist.

H. Payment of PCA to Former Members of the Uniformed Services

1. The allowance will not normally be paid to former members of the uniformed services. An allowance may be paid when the former member is the only qualified candidate for the position, or is eminently qualified for the position. In such cases, written justification must be attached to the PCA service agreement.
2. No additional approval (to that above, i.e., only qualified candidate or eminently qualified candidate) is required to pay PCA to former members of the uniformed services who meet the following criteria: (a) retired after competing 30 years of service; (b) retired after reaching age 64; (c) retired under disability retirement provisions; (d) retired after achieving 20 years of service but fewer than 30 years of service and have a break-in-service of at least one calendar year from the effective date of termination; or, (e) resigned and have at least a 90 day break-in-service from the effective date of the termination, or have service in a civilian position for at least 90 days after the date of termination for the uniformed service, or any combination of a continuous break-in-service and civilian service of at least 90 days.
3. Written approval by the OPDIV Head or an official who reports directly to the OPDIV Head must be obtained before PCA may be paid to former members of the uniformed services, (1) who retire with at least 20 years of service but fewer than 30 years of service and who do not have a break of service of at least one calendar year from the effective date of termination, and (2) who resign and do not have a break-in-service of at least 90 days, etc., as in paragraph 2 above. The written justification must explain: why the services of the former member are required; the probable consequences if PCA is not authorized including the impact to the agency; the attempts made to try to recruit other candidates to the position. This approval must be attached to the service agreement.

I. Employee Service Agreements

1. Service agreements of one, two or three years are required for physicians who receive PCA¹. An Employee Service Agreement (PHS Form 6106, or other locally-developed document containing the required information and signatures) must be used to execute PCA service agreements. A sample agreement, which may be modified as needed for local use, is included as Exhibit 595-I-F. The following provisions apply when establishing service agreements:
 - a. Physicians may normally choose to sign a one, two or three-year agreement. However, an authorized management official may limit the service

¹ 5 USC 5948 prohibits any agreement from extending more than two years beyond expiration of the statutory authority for PCA. Under current law, this means no agreement can extend beyond September 30, 2002.

agreement to one or two years if he/she determines that the recruitment and retention problem will end after that period and the PCA Payment Class will be canceled at the end of this period.

- b. Acceptance of the agreement does not alter the conditions or terms of employment.
 - c. Entitlement to the allowance must be based solely on the position to which the physician is assigned and not associated with the physician's performance or conduct. Accordingly, the agreement will not preclude or limit management's right to take corrective action or disciplinary actions as appropriate.
2. The agreement must contain a notarized employee signature, and be approved by authorized management officials before the effective date of the service agreement.
 3. Service agreements may be renegotiated at any time it is mutually agreeable to both the physician and management providing that the period of the agreement is within the limits of the applicable legislation and Office of Management and Budget approval of the HHS PCA plan. A new period of obligated service is incurred each time a service agreement is renegotiated.
 4. Service agreements must be renegotiated when the physician moves from one position to another as outlined in 595-1-40. L, below.
 5. Service agreements may be renegotiated at the option of management when the physician becomes board-certified and the duties and responsibilities of the position require the skills and knowledge associated with the physician's board-certification.
 6. Service agreements may be renegotiated at the option of management when the physician acquires more than 24 months of service as a government physician.

J. Effective Dates

1. An agreement will normally commence on the first day of the first pay period following approval of the agreement unless another date has been specified. However, an agreement shall always commence on the first day of a pay period. This is required because allowances are paid on a pay period basis and not as a lump sum. PCA agreements will end on the last day of the 26th pay period after commencement for a one-year service agreement, the 52nd pay period after commencement for a two year agreement, or the 78th pay period after commencement for a three-year agreement.

2. Service agreements shall not be made effective after the termination date specified in statute (i.e., the Public Law specifying the periods of operation) or in the Office of Management and Budget's authority to operate the PCA program; under current law this authority extends through September 30, 2000.

K. Administrative Errors

1. There may be circumstances when PCA should have been offered to a physician, but due to an administrative oversight, was not. When the error is discovered, the physician should be offered the opportunity to receive PCA as if the administrative error had not occurred. This means that the effective date of the service agreement will be the date that the agreement would have been effective had the error not occurred. A written statement describing the circumstances of the error must be signed and dated by the servicing personnel officer. This statement should be attached to the PCA service agreement. The error must be communicated to the appropriate payroll representative to initiate the necessary process to pay PCA retroactively.
2. If, due to an administrative error, a physician received a PCA amount that was less than the PCA amount that should have been offered, the current PCA agreement should be terminated and a new service agreement with the correct amounts executed. The effective date and the termination date of the new service agreement will be the same as the dates on the erroneous service agreement. The error must be communicated to the appropriate payroll representative to initiate the necessary process to pay the difference.
3. If it is determined that a physician's PCA amount is greater than the amount to which he/she is entitled, the current PCA agreement should be terminated and a new service agreement with the correct amounts executed. The effective date and the termination date of the new service agreement will be the same as the dates on the erroneous service agreement.

L. Effect of Position Change Actions

1. When a physician who is receiving PCA moves by reassignment, promotion, or other personnel action from one PCA-covered position to another PCA-covered position within HHS, the original service agreement must be terminated and a new service agreement established with a new one, two, or three year time limit. This is the case even for management-initiated actions. A response to a merit promotion announcement is a management-initiated action when the area of consideration is not severely limited (see 59 Comp. Gen. 699 and B-220793, December 27, 1985). The physician may retain the portion of PCA already received before the position change was effected in either of these instances.

2. When a physician who is receiving PCA moves from a PCA-covered position within HHS to another position within HHS for which PCA has not been approved, the original service agreement must be terminated. The physician may retain that portion of the PCA already received.
3. When a physician who is receiving PCA transfers from a PCA-covered position to a PCA-covered position in another Federal agency, the original service agreement must be terminated. The physician is responsible for repayment of PCA as described in 595-1-40.O., below.
4. When a physician who is receiving PCA is detailed from a PCA-covered position to a PCA-covered position PCA payments may continue. A physician who is receiving PCA may not be detailed to a non-covered position.
5. When a physician who is receiving PCA moves from a PCA-covered position requiring board certification to another PCA-covered position for which board certification is not required, a new agreement must be negotiated, since the physician may no longer receive the portion of the allowance granted for board certification.

M. Effect of Intergovernmental Personnel Act (IPA) Assignments

1. There is no legal authority to pay allowances to physicians who are assigned out of HHS under an IPA, except as stated in paragraph 4. below. Performing long-term assignments outside the agency negates the physician's agreement which provides for a specified period of service in return for an allowance. For a physician on a PCA Agreement who goes on an IPA assignment, he/she may retain the allowance already received. A waiver of repayment is not required.
2. Individuals on IPA assignments who are appointed to HHS positions and paid by the Federal Government under appropriate pay authorities may receive an allowance if they are assigned to positions approved for PCA. The service period under the PCA agreement must be consistent with the length of the IPA assignment and the requirements in this Instruction.
3. Employees detailed into HHS under an IPA are not eligible to receive PCA.
4. For IHS physicians who are assigned under special purpose IPAs to perform work for tribal organizations under the Indian Self-Determination Act, P.L. 93-638, there is no legal objection to payment of PCA.

N. Effect of LWOP and Work Schedule Changes

1. Employees will not receive PCA for LWOP and other non-pay hours in a pay period.
2. PCA will not be paid for any pay period in which the number of paid hours falls below 40 hours.

O. Failure to Complete a Service Period (for Reasons Other than Reduction-in-Force)

1. Physicians who, voluntarily or because of misconduct, fail to complete at least one full year of service (i.e., 26 pay periods) in a position entitling them to receive an allowance will refund the entire amount of the allowance received. The OPDIV Head may determine that the individual's failure to complete the period of service is due to circumstances beyond the physician's control. A full year is the period from the first day of the pay period payment starts to the last day of the 26th pay period thereafter.
2. Employees who voluntarily leave their positions or are terminated from their positions due to misconduct and fail to complete the second or third year of a multi-year agreement in a position entitling them to an allowance will refund the amount of the allowance received under the agreement for the 26 weeks of service immediately preceding the termination. The OPDIV Head may determine that the individual's failure to complete the period of service is due to circumstances beyond the physician's control.
3. Authorized OPDIV officials may waive repayment of PCA funds received by physicians who fail to complete their service agreements if it is determined that such failure is due to circumstances beyond the physician's control. An example of such a circumstance is when a physician retires under disability retirement.

P. Failure to Complete a Service Period in Reduction-in-Force Situations

1. Physicians in those organizations undergoing a Reduction-in-Force (RIF) may terminate their PCA agreements, without penalty of repayment, under the following conditions:
 - a. Where it is known that all medical officer positions in the same competitive area are being abolished, physicians leaving HHS after receiving a general notice of RIF are not required to repay any portion of the allowance received;
 - b. Physicians receiving a specific RIF notice which results in their separation from Federal service prior to completion of the period of service agreed upon are not required to repay any portion of the allowance received.

2. Physicians who are receiving an allowance, and who are reassigned or moved through RIF procedures to positions not approved for PCA, may retain the portion of the allowance already received. Under these circumstances, the agreement for the former position becomes void and the allowance is terminated on the effective date of the move or reassignment.
3. Physicians who are receiving an allowance, and who, as a result of RIF procedures, are assigned to another position covered by PCA that is lower in grade or in a lower PCA payment class may continue to receive the allowance for which they were entitled prior to their assignment to the new position. The agreement relating to the former position remains in effect until its completion, and the allowance amount may be continued through the original period of the agreement. Any new agreement must reflect the approved allowance for the PCA payment class for the position to which the physician is assigned.
4. In situations when it is known that all medical officer positions in a competitive area are being abolished, no new agreements may be entered into in that competitive area.

595-1-50 ESTABLISHING ADDITIONAL PCA PAYMENT CLASSES

OPDIV personnel offices for their respective organizations, and the PSC personnel office for OS, must develop a plan for establishing PCA payment classes and PCA amounts within the categories and subcategories to be paid to physicians who sign a service agreement. The plan must specify the amount of the PCA payment that a physician who signs an agreement will receive.

595-1-60 ANNUAL REVIEW REQUIREMENTS AND REPORTING PROCEDURES

- A. Each OPDIV must review all approved positions and categories annually to determine if recruitment and retention problems still exist. If the OPDIV head determines that PCA is no longer required to address the recruitment or retention needs of a position or group of positions, the allowance must be rescinded. Existing PCA agreements for rescinded positions are to remain in effect until scheduled expiration dates.
- B. OPDIV personnel officers shall provide periodic reports according to criteria and time periods specified by the DASHR.

595-1-70 PROCEDURES FOR REQUESTING WAIVERS OF REPAYMENT

Written requests for waivers of overpayment shall be initiated by the physician or a management official, depending on the circumstances, outlining the circumstances leading to the termination

of the service agreement. Requests will be forwarded through management channels to the official designated by the OPDIV Head, who will approve or disapprove the request based on full consideration of all available information.

DEFINITIONS

- A. Categories of Work. The categories and subcategories of work established in this Department for which physicians may receive PCA are defined as follows:

Category I Clinical

Includes positions primarily involving the practice of medicine as a direct service to patients, including the performance of diagnostic, preventive, or therapeutic services to patients in hospitals, clinics, public health programs, diagnostic centers, and similar settings.

Within Category I, the following subcategories are used for determining individual allowances:

1. Shortage specialties are those recognized by the Department of Health and Human Services, the U. S. Department of Labor, the American Medical Association, or other recognized organizations.
2. Locale includes special and unusual situations in which the geographical location or physical work environment causes unusual recruitment and retention problems.
3. Duties include situations in which the physician is assigned duties over and above those normally performed. These may be duties with administrative, training, and/or supervisory responsibilities. For example, service chiefs who have these responsibilities may be considered for allowances on the basis of duties. Allowances may also be granted for hazardous duty situations and maximum-security settings.

Category II Research

Includes positions that involve research and investigative assignments in one of the following sub-categories:

1. Research Physician positions that primarily involve performing, planning, and evaluating experimental work in the causes, prevention, control, or treatment of diseases or the factors that influence health and disease. Physician positions that primarily involve performing research and experimental work relating to the physical limitations imposed by conditions other than disease, including environmental factors.

2. Research in Specific Health Problems Related to Food, Drugs, and Devices
 - a. Physician positions that are primarily responsible for investigating the effects of biological, radiological, toxicological, chemical, nuclear, or other physical agents on the health of specific populations or the general public and for recommending corrective, protective, or therapeutic procedures.
 - b. Physicians involved in the use of epidemiological and biostatistical principles to evaluate the efficacy and the benefit/risk of therapeutic, diagnostic, or prophylactic products or procedures.
3. Epidemiology and Occupational Research Physician positions that primarily involve the use of epidemiological principles or procedures to investigate the cause, public health significance, and transmission or other causation of disease or health problems and to recommend and carry out control procedures.

Category III Occupational Health

Includes physician positions primarily involving the evaluation of physical fitness, the provision of initial treatment of on-the-job illness or injury, or the performance of pre-employment examinations, preventive health screenings, or fitness-for-duty examinations. Approved subcategories used for determining individual allowances are Shortage Specialty and Locale (see definitions for Clinical).

Category IV Disability Evaluation and Administration of Health and Medical Programs

Includes two subcategories:

1. Disability Evaluation includes physician positions that primarily involve disability evaluation.
2. Administration includes physician positions primarily involved in the administration of medical and health programs, as exemplified below:
 - a. A chief of professional services or senior medical officer who is immediately responsible for the overall medical care in the hospital, clinic, or center, and for the management and supervision of all clinical aspects of medical care, including its quality and the medical disposition of patients. This involves decisions regarding the medical care given by other senior physicians. In addition, the chief manages, through department heads, the physicians on the staff of the facility and evaluates the staff and the quality of medical care given by that staff.

Depending on the size of the installation or program and its associated workload, a chief of professional services may require one but not more than three additional medically qualified assistants or deputies who may be included in this category.

- b. A physician program director who is responsible for the medical aspects of existing or developing health programs for which medical knowledge and expertise are a prerequisite to the development of policies. The term “program” means any functional Federal health program of any size and involves problem identification, planning, administering, and program evaluation. The program director provides overall coordination and continuity and makes decisions on a day-to-day basis. The planning, policy developed, and decisions made by the physician program director have direct effect on clinical activities or may affect the delivery of health services at the Federal, state, or local levels. These leadership positions require a combination of clinical knowledge and program expertise for efficient and successful functioning of the program being administered.

Depending on the size of the installation or program and its associated workload, a physician program director may require one or more medically qualified assistants or deputies who may be included in this category.

- c. A physician advisor who renders medical advice and consultation to developmental and operational health programs within OPDIVs and to local, state, Federal, private, or international organizations. The advice and consultation are based upon the medical knowledge and experience which a physician possesses.

The physician advisor synthesizes the findings of scientists and other physicians and renders programmatic advice based upon medical considerations relating to patient care, community health programs, health planning, health system design, and health profession manpower development.

Providing medical advice may be the sole medical function of the physician advisor or it may be combined with other medical functions. The position of physician advisor can exist at any level of the organization. The advice given may be generated on the initiative of the physician advisor in response to observed need or it may be in response to specific requests from within or outside the organization.

- B. Board Certification is conferred to a physician who has one or more current specialty certificates or subspecialty certificates from the American Board of Medical Specialties or by the Advisory Board for Osteopathic Specialists.
- C. Demonstrated Recruitment and Retention Problem is a recruitment and retention problem that can objectively be measured and shown to adversely impact the ability of an agency to accomplish its mission. Objective measures should be quantifiable and may include such measures as: vacancy rates; average length of time to fill positions; turnover rates and cost of turnover; cost of contracting due to inability to staff positions; etc. These quantitative measures must be part of a completed recruitment and retention analysis when requesting the establishment of a new PCA Payment Class (see Exhibit 595-1-A, Documentation of Recruitment and Retention Problems).
- D. Mission-Specific Factors are job-related factors that may be used to award up to \$10,000 to eligible physicians at GS-13 and above under PL 105-266. They are targeted to address the most critical agency needs, and must be explicitly linked to OPDIV missions and programs.
- E. Scholarship Service Obligation is a defined period of paid service that a physician must satisfy to repay an academic scholarship under a specified government program. An example of such a program is the National Health Services Corps Scholarship Program, authorized by the Health Professions Educational Assistance Act of 1976 (P.L. 94-484). Employees fulfilling scholarship obligations may not receive PCA.
- F. Uniformed Services means the Army, Navy, Air Force, Marine Corps, Coast Guard, Commissioned Corps of the National Oceanic and Atmospheric Administration, and the Commission Corps of the Public Health Service (see 37 U.S.C. subsection 101).

Format for Documenting Recruitment and Retention Problems

Date: _____

Organization:
Location:
Grade Level(s):

Check one Category AND appropriate subcategories as they apply to the position(s) under consideration.

Categories	Subcategories
I. Clinical	Shortage Specialty Locale Duties
II. Research	Research Research in Specific Health Problems Related to Food, Drugs and Devices Epidemiology and Occupational Research
III. Occupational Health	Shortage Specialty Locale
IV. Disability Evaluation and Administration of Health and Medical Programs	Disability Evaluation Administration

You will need to answer some or all of the questions on the following pages to document specific recruitment and retention problems pertaining to the position(s) under consideration. Answer in the space provided after each question, or use separate sheets as needed.

1. Title, grade and description of position(s)

2. List any selective factors above the minimum qualifications required by the GS-0602 qualification standard that are used when recruiting for the position(s).

3. If the Shortage Specialty subcategory is to be used when determining the PCA payment amount, describe the current staffing situation in this speciality. List any factors which affect your ability to recruit and retain physicians in this speciality. When possible, include relevant turnover data as well as current private sector salaries. Also indicate whether the speciality or geographic area have been designated as shortage areas for health professionals by the Department or other Federal entity.

4. If the Locale subcategory is to be used when determining the PCA payment amount, describe how the work location affects your ability to recruit and retain physicians. Discuss any special or unusual circumstances where the location or physical work environment has caused problems which are beyond the norm.

5. If the Duties subcategory is to be used when determining the PCA payment amount, describe those duties that are over and above those normally performed, or that are performed under hazardous conditions, and indicate how these duties affect your ability to recruit and retain physicians.

6. Provide the following documentation for the position/subcategory described above:
 - a. Number of current physician positions:
Filled _____
Vacant _____
Average length of time position(s) have been vacant _____
 - b. Number of positions filled during the past 12 months by:
Scholarship-obligated physicians _____
Individuals in loan repayment programs _____
Other means _____
7. Describe the impact of vacant physician positions on the mission of the organization.
8. Describe your recruitment efforts to fill the position(s)
9. Describe any factors which inhibit your recruitment efforts.
10. What is the average number of physician applications which must be screened before well qualified candidates can be found? _____

11. What is the average number of qualified physicians referred for each position actually filled? _____
 - a. Of those interviewed per position, how many are found unacceptable? _____
 - b. List reasons for finding interviewed physicians unacceptable:

12.
 - a. What is the average number of qualified physicians who reject valid employment offers for each position filled? _____
 - b. List reasons given for rejecting offers:

13.
 - a. How many physicians in the position/category have resigned during the past 12 months? _____
 - b. List reasons given for resignation(s)

14. Describe your efforts to enhance retention of physicians in this position/category:

15. Include any additional information which you feel may be helpful in describing your overall recruitment and retention problems.

Tables for Computing Maximum PCA Allowance Payments

Category	Physicians with 24 Months or Less Service					Physicians with More than 24 Months Service				
	GS-11	GS-12	GS-13	GS-14	GS-15/SE	GS-11	GS-12	GS-13	GS-14	GS-15/SE
I: Clinical										
a. Shortage Speciality	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000
b. Locale	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$5,000	\$6,000	\$8,000	\$10,000	\$11,000
c. Duties			\$2,000	\$3,500	\$5,000			\$3,000	\$6,000	\$10,000
II: Research										
All subcategories	\$2,000	\$3,000	\$5,000	\$6,000	\$8,000	\$3,000	\$4,000	\$6,000	\$12,000	\$16,000
III: Occupational Health										
a. Shortage Speciality	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500
b. Locale	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500
IV: Disability Evaluation and Administration										
a. Disability Evaluation			\$2,000	\$3,000	\$4,000			\$2,000	\$4,000	\$6,000
b. Administration			\$8,000	\$9,000	\$10,000			\$8,000	\$12,000	\$16,000
All Categories										
Mission-specific factors								²	²	²
Board Certification ³			\$3,000	\$3,000	\$3,000			\$3,000	\$3,000	\$3,000
Two-Year Contract ³	\$2,000	\$2,000	\$4,000	\$4,000	\$4,000	\$2,000	\$2,000	\$4,000	\$4,000	\$4,000
	The maximum allowance for Categories I, II, and IV-B is \$14,000 (One-year contracts limited to \$10,000)					The maximum allowance for Categories I, II, and IV-B is \$30,000 (One-year contracts limited to \$24,000)				
	The maximum allowance for Categories III and IV-A is \$7,000 (One-year contracts limited to \$5,000)					The maximum allowance for Categories III and IV-A is \$15,000 (One-year contracts limited to \$12,000)				

² See page C-2 for guidance on allocating mission-specific pay.

³ Amounts shown for Board Certification and Two-year Contract are mandatory. All other amounts represent maximum allowable allowance, and can be fixed at any level up to that amount.

CRITERIA FOR ALLOCATING “MISSION-SPECIFIC” FUNDS

- a. OPDIVs must develop explicit mission-specific criteria linked to the organization’s mission; a physician must meet these criteria to be considered for mission-specific pay.
- b. To be eligible for a mission-specific allowance, a physician must sign a two-year service agreement.

If items 1 and 2 are met, a maximum allowance based on grade and length-of-service as a government physician may be awarded using the following matrix:

Grade	2-5 years	5-8 years	More than 8 years
13	Up to 1,000	Up to 3,000	Up to 5,000
14	Up to 2,000	Up to 5,000	Up to 8,000
15/SES	Up to 4,000	Up to 7,000	Up to 10,000

NOTE: These are the *maximum* amounts payable for the grade and service shown. They are **not** mandatory; OPDIVs may authorize lesser amounts within the limits stated, or extend waiting periods beyond the minimum. Further, an amount initially awarded is not guaranteed for subsequent agreements; when the agreement is renegotiated, it may be reduced if the original amount is found no longer to be essential to retention of an adequate physician staff. In **no case** may the total PCA exceed the statutory maximum of \$30,000.

- 1. In unusual circumstances, physicians may be authorized mission-specific allowances higher than those shown in the above matrix, up to a maximum of \$10,000, to acknowledge special circumstances as shown below. These exceptions must be approved by the OPDIV head on a case-by-case basis, and the total number of such exceptions shall not exceed 15 percent of an OPDIV’s physicians receiving PCA. However, OPDIVs having fewer than 25 physicians receiving PCA may have up to 4 physicians in this category. Reason for the approval must be fully documented, and must show how retention will be hampered if not approved. In **no case** may the total PCA exceed the statutory maximum of \$30,000; for physicians with two years service or less, it cannot exceed \$14,000.

Up to \$5,000 may be authorized under this exception for a physician who meets *one* of the following criteria; up to \$10,000 may be authorized for a physician who meets *more than one*:

- Work that has materially and measurably improved the health outcomes of the target population;

- Work that has substantially improved policy development or made a significant scientific or regulatory advancement;
- Achieving substantial, documented efficiencies in the design or implementation of projects to maximize health care quality and better serve beneficiary needs;
- Exemplary performance in the mission-specific areas noted in item 1, as evidenced by two or more consecutive years of “outstanding” ratings or equivalent evidence of exceptional performance.

APPOINTMENT & PAY AUTHORITIES FOR WHICH PCA MAY BE PAID

Description of Appointment/Pay Authority	Legal Citation
General Schedule (GS) including former members of the Performance Management Recognition System (PMRS) who are designated as GM	Section 5332 of Title 5 U.S.C., relating to the General Schedule (GS)
Senior Executive Service (SES)	Subchapter VIII of chapter 53 of Title 5 U.S.C., relating to the Senior Executive Service (SES, pay plan ES), (including both career and noncareer)
Senior level positions including 3104s (SL/ST)	Section 5376 of Title 5 U.S.C., relating to senior-level positions
Former members of the Commissioned Corps of the Public Health Service	GS or other covered pay authorities cited in law (Title 5 U.S.C. § 5948)
Former members of the uniformed services other than the Commissioned Corps of the Public Health Service	GS or other covered pay authorities cited in law (Title 5 U.S.C. § 5948)
Appointed PHS Service Fellows	42 U.S.C. 209(f) 42 U.S.C. 209(g)
210(g) Appointments	42 U.S.C. 210(g)
NIH Appointments	42 U.S.C. 282(d)(1) 42 U.S.C. 285a-2(b)(5) 42 U.S.C. 285b-3(b)(1)
AHCPR Special Experts	42 U.S.C. 925(f)
SAMHSA Special Experts	42 U.S.C. 290aa(g)
Intergovernmental Personnel Act (IPA) participants <u>appointed</u> to HHS	GS or other covered pay authorities cited in law (Title 5 U.S.C. § 5948)
IHS employees detailed out of HHS to perform work for tribal organizations	P.L. 93-638 contracts
Critical Positions	Section 5377 of Title 5 U.S.C., relating to critical positions
Special Occupational Pay Systems	Subchapter IX of chapter 53 of Title 5 U.S.C., relating to special occupational pay systems

¹ Certain limitations apply on the payment of PCA to former members of the Commissioned Corps and other uniformed services (see 595-1-40-H)

AUTHORITIES FOR WHICH PCA MAY NOT BE PAID

Description of Appointment/Pay Authority	Legal Citation
<p>PHS physicians receiving Physicians Special Pay (PSP) under the Title 38 authorities delegated by the U.S. Office of Personnel Management to the Department of Health and Human Services.</p> <p>Note: physicians who are in positions for which other forms of pay under title 38 authority have been approved (e.g., premium pay, special rates), but not PSP, may be eligible to receive PCA.</p>	<p>Section 5371 of Title 5 U.S.C., relating to Health Care Positions.</p>
<p>Current members of the Commissioned Corps of the Public Health Service</p>	<p>37 U.S.C</p>
<p>IPA participants detailed to HHS</p>	<p>No appointment</p>
<p>HHS employees detailed out of HHS under an IPA</p>	<p>GS or other covered pay authorities cited in law (Title 5 U.S.C. § 5948)</p>
<p>Guest worker</p>	<p>Not paid</p>
<p>Reemployed Annuitants</p>	<p>5 U.S.C. §3323</p>
<p>Executive Level (Pay Plan EX)</p>	<p>Subchapter II of Chapter 53 of Title 5 U.S.C., relating to Executive Schedule (EX) positions</p>
<p>Internship or residency training positions</p>	<p>Various authorities</p>
<p>PHS visiting fellows</p>	<p>Not Federal employees</p>
<p>Other positions that are specifically excluded by law or regulation</p>	<p>5 U.S.C. § 5948; 5 CFR 595</p>

CREDITABLE SERVICE AS A GOVERNMENT PHYSICIAN

Description of Appointment/Pay Authority	Legal Citation
General Schedule (GS) including former members of the Performance Management Recognition System (PMRS) who are designated as GM	Section 5332 of Title 5 U.S.C., relating to the General Schedule (GS)
Senior Executive Service (SES)	Subchapter VIII of chapter 53 of Title 5 U.S.C., relating to the Senior Executive Service (SES, pay plan ES), (including both career and noncareer)
Senior level positions including 3104s (SL/ST)	Section 5376 of Title 5 U.S.C., relating to senior-level positions
HHS physicians receiving Physicians Special Pay (PSP) under the title 38 authorities delegated by the U.S. Office of Personnel Management to the Department of Health and Human Services	Section 5371 of Title 5 U.S.C. relating to Health Care Positions
Former medical officers in the Veterans Administration	Section 7306 of Title 38 U.S.C., or former authority, relating to physicians within the Department of Veterans Affairs, Veterans Health Administration.
Service as a member of the Commissioned Corps of the Public Health Service	37 U.S.C.
Appointed PHS Service Fellows	42 U.S.C. 209(f) 42 U.S.C. 209(g)
210(g) Appointments	42 U.S.C. 210(g)
NIH Appointments	42 U.S.C. 282(d)(1) 42 U.S.C. 285a-2(b)(5) 42 U.S.C. 285b-3(b)(1)
AHCPR Special Experts	42 U.S.C. 925(f)
SAMHSA Special Experts	42 U.S.C. 290aa(g)
Former employees of the Central Intelligence Agency	Section 10 of the Central Intelligence Agency Act of 1949 (50 U.S.C. § 403j), relating to the Central Intelligence Agency

**CREDITABLE SERVICE AS A GOVERNMENT PHYSICIAN
 (CONTINUED)**

Description of Appointment/Pay Authority	Legal Citation
Former employees of the Panama Canal Commission	Section 1202 of the Panama Canal Act of 1979, relating to the Panama Canal Commission
Former employees of the National Security Agency	Section 2 of the Act of May 29, 1959 (Public Law 86-36, as amended, 50 U.S.C. 402 note), relating to the National Security Agency
IHS employees detailed out of HHS to perform work for tribal organizations	P.L. 93-638 contracts
Intergovernmental Personnel Act (IPA) participants appointed to HHS	GS or other covered pay authorities cited in law (Title 5 U.S.C. § 5948)

**PREVIOUS SERVICE THAT IS NOT CREDITABLE FOR
 DETERMINING MAXIMUM PAYABLE PCA**

Description of Appointment/Pay Authority	Legal Citation
Former members of the uniformed services other than the Commissioned Corps of the Public Health Service	37 U.S.C.
Executive Level (Pay Plan EX)	Subchapter II of Chapter 53 of Title 5 U.S.C., relating to Executive Schedule (EX) positions
PHS visiting fellows	Not Federal employees
Other positions that are not specifically covered by law or regulation	5 U.S.C. § 5948; 5 CFR 595

Sample PCA Agreement

Operating Divisions may use locally developed forms to document and approve the payment of PCA to authorized physicians. This exhibit includes a model form, together with a Privacy Act statement, that may be adapted as appropriate. OPDIVs may also continue to use existing PHS Form 6106 for one and two-year service agreements until current supplies are exhausted.

NAME(Print or Type)

Agency:

Read Privacy
Act Statement
on back of page
2 before
completing this
agreement

AGREEMENT
To Receive An Allowance Under the
Federal Physicians Comparability Allowance Program
(5 U.S.C. 5948)

In consideration of payments of the allowance for which I qualify under the Federal Physicians Comparability Allowance (PCA) Program (5 U.S.C. 5948) as implemented by the Regulations of the Office Personnel Management (5 CFR Part 595), and the policies of the Department of Health and Human Services, I hereby agree:

1. To serve in _____, HHS for one two three years in a position(s) designated as Category _____ Subcategory _____.
(agency)
2. That the amount of allowance payable to me shall be determined by the appropriate official as prescribed by the HHS plan for payment of such allowances. The allowance payable under this agreement is \$ _____ per year for _____ year(s).
3. That if I elect to enter into a multi-year contract, the approving official may limit this agreement to one year if it has been determined that the category or subcategory to which I am assigned will not have recruitment or retention problems after the one year period.
4. That acceptance of this agreement does not alter the conditions or terms of my employment.
5. That my entitlement of this allowance is based solely on the position to which I am assigned and is not associated with my performance and/or conduct. Accordingly, this agreement will not preclude nor limit the agency's right to take corrective or disciplinary actions as may be appropriate.
6. (a) That in the event I voluntarily or because of misconduct fail to complete at least one year of service in a position which entitles me to receive the allowance, I will refund the amount of the allowance I have received unless the approving official, in accordance with prescribed regulations, determines that my failure to complete my agreed period of service is due to circumstances which are beyond my control.
(b) That in the event I voluntarily or because of misconduct fail to complete the second year of a two-year agreement in a position which entitles me to receive the allowance, I will refund the amount of the allowance I received \under this agreement for the 26 weeks of service immediately preceding the termination unless the approving official determines that my failure to complete my agreed period of service is due to circumstances which are beyond my control.
(c) It is further agreed that any amount which I am obligated to refund under (a) or (b) of this paragraph will be a debt due to the United States which I hereby agree to pay in full as directed by the Department of Health and Human Services.
7. That the effective date of this agreement and payments pursuant to this agreement will normally commence on the first day of the pay period after the following conditions are met:
 - (a) My position of record is approved as one of a category or subcategory for which recruitment and retention problems exist; and
 - (b) The agreement is signed and notarized.
In unusual circumstances, such payments will commence on a later date specified by me or a date specified by the agency which is _____.
8. That my entitlement to the allowance under this agreement will terminate when any of the following occur:
 - (a) Cessation of employment with the agency.
 - (b) Assignment to a position excluded from PCA coverage or not approved for PCA.
 - (c) Completion of agreed period of service or enactment of superseding law.
 - (d) Change of tour of duty to less than half-time.
 - (e) October 1, 2002 or any subsequent date established by law.
9. (This section is applicable only to individuals who have served in a health professionals shortage area and have signed a contract with the Federal Government to serve in such an area in return for Government paying all or part of a student loan.)
That the amount equivalent to any loan repaid under a Federally supported loan repayment program will reduce the allowance for which I would otherwise be eligible under applicable regulations and instructions. That failure to report a repayment contract now in effect or which becomes effective during the period of this agreement will result in my obligation to refund the allowance I have received. I am _____ am not

HHS Transmittal: 99.4 (11/1/99)

participating in a Federally supported loan repayment program. The amount that has or will be repaid by this loan repayment agreement is:
\$ _____ for the period _____ to _____.

10. That the regulations and policies implementing 5 U.S.C. 5948 are incorporated into and made a part of this agreement and I have read these these regulations and policies.

11. I am board certified in the following medical specialty or specialties:

(Specialty)

(Specialty)

(Date of Certification)

(Date of Certification)

I AGREE TO THE TERMS OF THIS CONTRACT

NOTARIZATION

Signature: _____
Print / Type Name: _____
Date: _____ Social Security Number: _____

Subscribed and sworn before me this _____ day of _____
A.D. 19 ____ at _____

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE

Privacy Act Notification Statement to accompany Agreement to Receive an Allowance Under Federal Physicians Comparability Allowance Program.

General

This information is provided pursuant to the Privacy Act of 1974 (P.L. 93-597).

Authority for Collection of Information

P.L. 95-603, Executive Order 9379.

Purpose and Uses

The principal purpose for collecting the information requested on the above mentioned form is to establish the terms under which an individual receives an allowance under the Federal Physicians Comparability Allowance Program. The information collected will be used as a basis for payroll actions. Accordingly, disclosure of identifying information, including your Social Security Number (SSN), may be made to the Internal Revenue Service for tax withholding purposes, the Department of Treasury for payroll action, and to the Department of Labor for workman compensation claims. This information may also be disclosed to the Department of Justice for other lawful purposes including law enforcement and in the event of litigation. In addition, these records, or information therefrom, may be used within DHHS for study purposes, such as projection of staffing needs, and/or creation of nonidentifiable statistical data for reports to other Federal agencies and Congress.

Information Regarding Disclosure of Your Social Security Account Number

Disclosure of the SSN is mandatory since it is the identifier used by the Internal Revenue Service and taxes must be withheld from your salary. The use of the SSN is made necessary because of the large number of present and former employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN. It is used primarily to identify an employee's personnel, leave, and pay records and to relate one to the other. In this regard it is also used to locate records in order to respond to lawful requests for information from former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters.

Effect of Non-disclosure

Your submission of this agreement is voluntary; however, if the agreement is submitted, omission of significant information requested would preclude continued processing of the agreement for you to receive an allowance because payroll would be unable to process the necessary actions.

EMPLOYMENT DATA, ALLOWANCE APPROVAL DATA, COMPUTATION OF ALLOWANCE AND APPROVAL OF AGREEMENT

(To be approved by the Authorized Management Official and Certified by the Servicing Personnel Office)

1. Name (Print or Type): _____
Title, Series and Grade: _____ Position: _____
Organization (OPDIV, Center, Agency): _____
Location: _____

2. Type of Appointment
Permanent: _____
Term: _____
Temporary: _____
Not to Exceed: _____

3. Official Tour of Duty:
Full Time: _____
Part Time: _____
Regularly scheduled
hours per pay period: _____

4. Assignment requires board certification: Yes No

5. The appropriate official has determined that this position is one in which recruitment and retention problems exist
Notice of this determination was given in approval certificate # _____ dated _____.
This position was approved for PCA coverage under Category _____ SubCategory _____.

6. Physician has served as Government physician for: 24 months or less more than 24 months.

(Experience as a Medical Officer in the PHS Commissioned Corps or in the Veterans Administration paid under Chapter 73 of 38 U.S.C. is also creditable.)

7. Amount to be paid under this agreement is \$ _____ per year for _____ year(s) based on _____ hours per pay period.

This amount is determined as follows:

Approved allowance for category (for category I & II, show amount for shortage specialty, if approved) \$ _____

Allowance for duties and locale, if approved _____

Approved allowance for mission-specific factors (P.L. 105-266) _____

Allowance for board certification, if approved _____

Retention allowance (for multi-year contracts only) _____

TOTAL \$ _____

TOTAL AMOUNT PAYABLE

\$

* Note limitations of \$14,000 per annum for physicians who have served as Government physicians for 24 months or less and \$30,000 for physicians with more than 24 months' service as Government physicians
Also note limitation of \$10,000 for individuals with less than two years' service who execute one-year agreement and \$24,000 limitation for individuals with two or more years' service signing one-year agreement

8. This agreement is effective on _____ and expires on _____.
(All contracts must begin on the first day of a pay period and end on the last day of a pay period.)

I CERTIFY THAT THIS POSITION REQUIRES A PHYSICIAN AND APPROVE THIS AGREEMENT:

(Authorized Management Official)

(Date)

I CERTIFY THAT THIS POSITION IS ONE THAT HAS BEEN APPROVED FOR
PCA PAYMENT AND THAT THE DATA IS ACCURATE:

(Personnel Official)

(Date)

5 CFR 595.106 requires that physicians who terminate their contracts before the expiration date refund all or a portion of the allowance received. Servicing Personnel Officers are responsible for initiating actions to recover such refunds in accordance with procedures in HHS Instruction 595-1, dated _____.

Copy Distribution: 1. Original (white)--OPF 2. Green--Employee copy (after approval) 3. Yellow--Budget
copy
4. Pink--DPM&C/OPM/OM/PHS 5. Gold--Employee copy