

U.S. Office of Personnel Management
Worksheet for Special Salary Rate Requests

Interagency Report Control Number 0080-OPM-AN

Please indicate the type of Special Salary Rate request by checking the appropriate box(es) below:

Q	Request to be excluded from an initial request or from an existing authorization. <i>Complete items I and VI-B</i>
Q	Initial request/termination/review other than annual.
Q	Initial request for Special Salary Rates. <i>Complete items I through VI-A. Do not do item VII, salary comparisons, unless specifically required by OPM.</i>
Q	Out-of-cycle review of existing authorization. <i>Follow instructions for initial request.</i>
Q	Terminate an existing authorization. <i>Complete items I and VI-B.</i>
Q	Annual review of existing authorizations where increase requested is:
Q	Equal to the General Schedule increase. <i>Complete items I and VI-A; also fill in Total Positions in item II, Ending Snapshot.</i>
Q	Less than the General Schedule increase. <i>Complete items I and VI-A; also fill in Total Positions in item II, Ending Snapshot.</i>
Q	Greater than the General Schedule increase. <i>Follow instructions for initial request.</i>
Q	No increase, and reduce current schedule. <i>Complete items I and VI-B; also fill in Total Positions in item II, Ending Snapshot.</i>
For existing authorizations, please enter the Special Salary Rate Table Number _____	
Note: It may be possible to make the pay comparisons for this request using off-the-shelf salary surveys. If so, there will be no requirement to conduct a salary survey as part of this submission. Agencies may save time and effort by contacting OPM on the salary survey matter before a request is formally submitted.	
Name of submitting agency:	Location:
Name of preparer:	Telephone:
	Date prepared:

I - COVERAGE. For existing authorizations, if there is no change in coverage, it is not necessary to complete item I. Please be sure that the existing special salary rate table number is entered on the front page of this form.

A. OCCUPATION(S):

Please enter the occupation series code and job title for each occupation to be covered by this request. Attach a separate sheet if more room is required.

Occupation Series Code	Job Title	Occupation Series Code	Job Title

B. AGENCIES/GEOGRAPHIC LOCATIONS:

Please enter the code and name of each agency and subelement having positions to be covered by this request. Specify geographic location codes for all but Nationwide or Worldwide authorizations. If an entire MSA/PMSA is to be covered, give only the 4-digit MSA/PMSA code for each area (see note below.) If an entire CMSA is to be covered, simply give the official CMSA name; no code is required. Attach a separate sheet if more room is required.

Agency/ Subelement Code	Agency/Subelement Name	Duty Station Code(s) St., City, Cnty.	Duty Station Name(s)	Contact-s Name & Phone

Note: As a guide for specifying the exact locations to be covered by the proposed special salary rate authorization, use the duty station code and its narrative description contained in items 38 and 39 on the SF-50 of the employees for whom special salary rates are being requested. The duty station codes for all locations to be covered must be given, except as stated above for MSA or CMSA coverage. Refer to NTIS publication PB90-214420 for metropolitan area names and their geographic coverage. For agency/subelements use the four-digit agency code found in item 47 on the SF-50.

IV - AGENCY RECOMMENDATION AND ESTIMATION OF ADDED COSTS

Recommended Salary is the agency's requested new special salary rate for the first step of each grade covered. *The recommended salaries do not have to correspond to current General Schedule steps.*

Current Salary should be the first step of the current General Schedule or the first step of the current Special Salary Rate Schedule for each grade covered by this request.

Added Salary is the difference between the recommended salary and the current salary.

Total Positions are the Total Positions from the Ending Snapshot, Item II, page 3 of this form.

Added Costs are Added Salary multiplied by Total Positions.

Total Added \$ is the sum of the Added Costs column.

Formula: [recommended salary] - [current salary] = [added salary] H [total positions] = [added costs]

GS Grade	Recommended Salary	Current Salary	Added Salary	Total Positions	Added Costs
Total Added \$					

V - ADDITIONAL INFORMATION

<p>A. Why are special salary rates needed? Please check at least one reason and as many others that apply to this specific situation.</p> <p>Private Sector Pay _____</p> <p>Other Federal Govt Pay _____</p> <p>Local Govt Pay _____</p> <p>Undesirable Working Conditions _____</p> <p>Nature of Work _____</p> <p>Other Reasons (please explain) _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>B. Please estimate costs attributable to the staffing situation which would be offset if this special salary rate request is approved.</p> <p>Overtime _____</p> <p>Contracting _____</p> <p>Training _____</p> <p>Other (please explain) _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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NOTE: A narrative description of any special circumstance that should be considered by OPM in the analysis of this request may be attached at the discretion of the submitting agency. In the absence of narrative information, the request will be decided on the strength of the staffing data and pay comparisons.

VI-A CERTIFICATION FOR INCREASE

Please use this certification for all requests that involve the initial granting of special salary rates or an increase to an existing authorization. The OPM-designated lead agency should collect and attach certifications for each agency involved in this request. Type the name of the certifying official in the blank space provided in the text of the certification.

I, _____, certify that the special rates requested are necessary to ensure staffing adequate to accomplish the agency's mission. This agency has made all possible efforts to overcome the staffing problems in other ways, including use of some or all of the recommended techniques such as job redesign, improvement of working conditions, skills improvement, direct hire authority, OPM delegation of examining authority, above-minimum entry rates, recruitment bonuses and retention allowances.

Position of certifying official _____ Agency Name _____

Signature of certifying official _____

Date _____/_____/_____

VI-B REQUEST FOR TERMINATION/REDUCTION/EXCLUSION

Please use the appropriate certification to request termination or reduction of an existing special salary rate authorization or to be excluded from either a new request or an existing authorization. If termination or reduction is requested and more than one agency is covered by this authorization, all must agree to its termination or reduction, and so certify.

I, _____, certify that the special salary rate authorization specified in Special Salary Rate Table Number _____ is no longer required by this agency to alleviate a staffing problem. Termination of the authorization is hereby requested.

I, _____, certify that a special salary rate authorization specified in Special Salary Rate Table Number _____ is no longer required at the same level. Reduction of the rates is hereby requested.

I, _____, certify that this agency wishes to be excluded from:

Q this request for special salary rates, or

Q the existing special salary rate authorization specified in Special Salary Rate Table Number _____

Position of certifying official _____ Agency Name _____

Signature of certifying official _____

Date _____/_____/_____

VII - SALARY COMPARISONS

Part 1. Data Collection Worksheet

If a survey is required, please complete one Part 1 worksheet for each occupation and level (grade) surveyed, then aggregate the data from several Parts 1 onto a single Part 2 Aggregate worksheet. Firms surveyed should be asked to supply data for Columns A, B, C, D, F, G, J, K, L, and M. Follow the instructions below to compute Columns E, H, and N.

Federal Job

Industry Job

Title:

Series:

GS Grade (Level):

Title:

Formula:

C H

D

=

E

F H

G

=

H

L H

M

=

N

Name of Firm Surveyed*	A Does Firm Hire at This Level	B # Hrs in the Basic Work Week	C # New Hires in Last 12 Months	D Avg Annual Starting Salary of New Hires	E Weighted Annual Starting Salary of New Hires	F Total Number of Incumbents**	G Avg Annual Base Sal. of Incumbents	H Wgt. Annual Base Sal. of Incumbents	J Lowest Annual Base Salary Rate	K Highest Annual Base Salary Rate	L Avg. Dollars Amount Bonus Paid	M # Receiving Bonus	N Wgt. Dollar Amount Bonus Paid
Totals ***													

* Non-Federal employers may include state, country, municipal, and not-for-profit organizations if they represent significant competition for well-qualified persons.

1. Compute totals for each of columns C, F, and M.

5. Compute column N by multiplying columns L and M. Total column N.

** Non-supervisory employees only, unless supervisory jobs are being surveyed.

2. Compute column E by multiplying corresponding row entries in columns C and D. Total column E.

6. The totals computed in these 5 steps are the totals for a grade for all firms surveyed.

*** Please follow the numbered instructions to get totals, which are to be transferred to the aggregate worksheet, Part 2, page 8 of this form.

3. Compute column H by multiplying corresponding row entries in columns F and G. Total column H.

7. Transfer the totals from this worksheet to the appropriate grade and column of the Part 2 worksheet.

4. Total column J; divide the total by # of firms surveyed; place the resulting average in column J total row. Compute column K average the same way.

