

REQUEST FOR APPROVAL OF EDP/HDP

The following local work situation is submitted in accordance with 5CFR 532/550 (as appropriate), and HQ MONG Technician Personnel Regulation (TPR) 532-8, Hazardous Duty Pay/ Environmental Differential Pay, Dated: 5 February 2011. Sections 1 and 2 are completed by the supervisor. Section 3 is completed by designated local individuals. Section 4 is completed by State reviewing officials and committee. Section 5 is coordinated by the Human Resources Office.

This request is submitted for determination of entitlement to differential pay under provisions of:

Hazardous Pay Environmental
 Pay

For HRO Use:

Log Number: _____
 Date Received: _____
 30 Day Report Suspense: _____
 Committee Review Date: _____
 Annually Review in (month): _____

Section 1. Administrative Data

To:	From:	Date of Request:
Title of Applicable Category Requested:		Differential Rate:

Section 2. Descriptive Information

A. Unusually Severe Work Situation. Provide a detailed description of the severe hazard, physical hardship, or working condition that is the subject of this request. Explain why safety measures are not in place. When will safety measures be in place. Use a continuation sheet if necessary.

B. Comparable Situations. Describe local situations of which you are aware that could be investigated and compared to the situation being reported.

C. Historical Data. Provide data on the number of accidents and describe the measurable impact of the current work situation.

<p>D. Past Efforts. Describe past efforts to practically eliminate the situation.</p>		
<p>E. Justify the Work Requirements. Address the essentiality of the work; describe existing protective measures; give the minimum number of employees who must be exposed in order to accomplish the mission.</p>		
<p>F. Attachment. Provide all documentation relating to and including the Risk Assessment of the situation.</p>		
<p>G. Attachment. Provide list, by name, the technicians affected, their position description title, control number, Pay plan, Classification series and grade level.</p>		
<p>H. List. Applicable technical instructions, order, manuals, and Explosive Hazard classification information.</p>		
<p>I. List. All other applicable safety, industrial hygiene, and/or environment directives covering the situation.</p>		
<p>Submitted by Employee and First Line Supervisor: Your signature indicates your review of this request. Please concur or nonconcur with remarks and forward to Commander.</p>		
Type/Print name, rank and position and signature:	Date	<input type="checkbox"/> Concur <input type="checkbox"/> Nonconcur
Remarks:		
Type/Print name, rank and position and signature:	Date	<input type="checkbox"/> Concur <input type="checkbox"/> Nonconcur
Remarks:		

Section 3. Local Coordination. (Union Representative forwards to State Occupational Health Nurse). Each Office must forward within the required timeframe as outlined in the MONG Reg.

Office	Report Attached	Report written by :	Recommendation	Remarks
Commander			<input type="checkbox"/> Concur <input type="checkbox"/> Nonconcur	
Local Safety Office	Y N		<input type="checkbox"/> Concur <input type="checkbox"/> Nonconcur	
Local Environmental Officer/Industrial Hygienist	Y N		<input type="checkbox"/> Concur <input type="checkbox"/> Nonconcur	
Local Labor Union Representative	Y N		<input type="checkbox"/> Concur <input type="checkbox"/> Nonconcur	

Section 4. State Reviewing Officials and Committee

Office	Report Attached	Report written by:	Recommendation	Remarks
State Occupational Health Nurse	Y N		<input type="checkbox"/> Concur <input type="checkbox"/> Nonconcur	
State Safety Office or State AVN Safety Office	Y N		<input type="checkbox"/> Concur <input type="checkbox"/> Nonconcur	
HRO Classification	NA		<input type="checkbox"/> Received for Committee	
Committee Chair	Y N		<input type="checkbox"/> Concur <input type="checkbox"/> Nonconcur	

Notes on Committee Discussion:

Section 5. TAG or Designated Representative Determination

Decision is made to approve differential at a rate of:

Type/Print name of TAG or DR and Signature:

Date

Decision is made to disapprove differential based upon the following findings:

Type/Print name of TAG or DR and Signature:

Date

MONG FORM 104-R (5 February 2011) (4 of 4) PREVIOUS VERSIONS OF THIS FORM ARE OBSOLETE

ANNUAL REVIEW OF APPROVED SITUATION

Submission of current approved situation for annual review/renewal.

Title of Situation: _____

Attach a copy of approved situation.

Situation still exists and is unchanged

Concur Nonconcur

Comments:

Supervisor Signature:

Date:

Comments:

Commander Signature:

Date:

Comments:

Local Safety Officer Signature:

Date:

Comments:

State Occupational Health Nurse Signature:

Date:

Comments:

Human Resources Office Signature:

Date:

Comments:

EDP/HDP Committee Chair:

Date:

Concur Nonconcur

The Adjutant General or Designated Representative

Date:

MONG FORM 104A-R (5 February 2011) PREVIOUS VERSIONS OF THIS FORM ARE OBSOLETE