

## REQUEST FOR ENVIROMENTAL DIFFERENTIAL PAY

The proponent agency is MENG-HRO

### SECTION I REQUEST FOR APPROVAL

1. TO: Human Resources Office Camp Keys Augusta, ME 043333-0033	2. FROM: EDP Committee	3. DATE OF REQUEST:  20110126
4. POSITION TITLE, SERIES AND GRADE OF ALL POSITIONS AFFECTED.  See Section IV - Additional Remarks		5. POSITION DESCRIPTION NUMBER(S).  See Section IV - Additional Remarks
6. DESCRIPTION OF WORK SITUATION  Participating in operations and training to attach or detach external load to helicopter hovering just overhead.  <div style="text-align: right;"><i>(Continue on page 2 if additional space is required)</i></div>		
7. DESCRIPTION OF CORRECTIVE ACTION TAKEN TO ELIMANTE OR REDUCE SITUATION <i>(e.g., if protective clothing devices or equipment are provided, specify type, etc.)</i>  N/A  <div style="text-align: right;"><i>(Continue on page 2 if additional space is required)</i></div>		
8. TITLE OF APPLICABLE CATAGORY REQUESTED <i>(See appendix A to subpart E 5 CFR 532)</i>  Ground Work Beneath Hovering Helicopter, PART I (11)		
9. DIFFERENTIAL RATE <i>(See appendix A to subpart E 5 CFR 532)</i>  15 %		
10. OFFICIAL AUTHORIZED TO ASSIGN WORK <i>(Type name, title and signature or position title)</i>  Technician's Supervisor		
11. OFFICIAL AUTHORIZED TO APPROVE PAYROLL DOCUMENTATION <i>(Type name, title and signature or position title)</i>  Technician's Supervisor		
12. RECOMENDING OFFICIAL <i>(Type name title and signature)</i>  EDP Committee		13. DATE:  20110126

### SECTION II COORDINATION AND CONCURRENCE

TO: <i>(See below)</i>	FROM: HRO	DATE: 20110323			
THE ABOVE DESCRIBED HAZARD, PHYSICAL HARDSHIP AND / OR WORKING CONDITION OF AN UNUSUAL NATURE HAS BEEN REVIEWED.					
OFFICE	NAME AND TITLE OF REVIEWER	SIGNATURE	DATE	CONCUR	NONCONCUR
EDP COMMITTEE	Hamilton D Richards, DOL	RICHARDS.HAMILTON.DON. 1006822483,	20110329	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SAFETY	Richard Berthiaume,SSO	BERTHIAUME.RICHARD.HE NRY.1006412412,	20110331	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MEDICAL	Kathleen A. Webster, OHN	WEBSTER.KATHLEEN.ANN. 1021766425,	20110405	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### SECTION III FINAL DISPOSITION

<input type="checkbox"/> ACCOUNTING AND FINANCE <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> MEDICAL	<input type="checkbox"/> UNION <input type="checkbox"/> SAFETY	FROM: HRO      DATE: APPROVE <input checked="" type="checkbox"/> 20110405 DISAPPROVE <input type="checkbox"/>	SIGNATURE MCLAUGHLIN.MICHAEL.ROBERT.1006796610
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SECTION I REQUEST FOR APPROVAL - CONTINUATION

*(Continuation from section I number 6, Description of work situation.)*

*(Continuation from section I number 7, Description of corrective action taken to eliminate or reduce situation.)*

SECTION IV ADDITIONAL REMARKS

Item(s) 4 & 5 (Cont'd):

Aircraft Worker	WG-8852-08	06744000/D0487000
Aircraft Mechanic	WG-8852-10	R6737000/D0483000
Aircraft Mechanic Supervisor	WS-8852-10	40082000/D0734000
Aircraft Mechanic	WG-8852-12	70442000/D1063000