

Indian Health Service Special Duty Pay (SDP)

DIVISION OF COMMISSIONED PERSONNEL SUPPORT



Overview

- What is SDP?
- What is the difference between SDP and AP?
- How to determine if you qualify?
- How to apply?
- FAQ?



What is Special Duty Pay (SDP)?

- SDP is a special pay for IHS assigned officers ONLY.
- It was designed to help recruit and retain Commissioned Officers for IHS federal, tribal and urban areas.
- SDP is the replacement for assignment pay for IHS.
 - Upon publishing of SDP, IHS officers will no longer be able to enter into new AP agreements.
 - Current AP agreements will continue
- The service unit sets SDP rates for specific positions/categories in which the service unit has determined there is a need.



SDP VS AP Key Differences

SPECIAL DUTY PAY

- Specific to IHS
- Rates are set by service units from \$0-\$5,000
- 1-year service agreement to the location it was agreed to
- Rates can be adjusted by the service unit after the first year
- Rates are determined based upon recruitment and retention needs
- Rates continue in perpetuity without the need to sign a new agreement so long as you stay at the same location and category/position and the rate does not change and meet eligibility criteria

ASSIGNMENT PAY

- Available for multiple agencies
- Rates are set based on vacancy information and isolated/hardship locations
- 2, 3, or 4-year agreement to the service unit
- Rates cannot be adjusted or renegotiated with an active contract
- Required average of vacancy rates per site/category
- A new agreement would need to be signed at the end of each agreement



How do I know if I qualify for SDP?

POM 821.90 “Special Duty Pay Locations, Rates, and Agreements” establishes the eligible locations and billet/categories for SDP [POM 821.90.pdf](#).

1. First, check to see if your location opted into SDP.
 - Check if your service unit/office is listed in the POM.
 - Left hand column identified by your Federal, Tribal or Urban Program/Office Name.
2. Secondly, if listed, check to see if they placed a rate under what your category or specific billet that you are assigned to (Legacy Position Only).
3. If there is a rate, you are eligible for SDP.
 - If you are unsure if the rate applies to you, work with your Regional Liaison for guidance.
 - Please note that there are some specific multi-disciplinary positions specifically identified by the Service Unit / Program.



How do I know if I qualify for SDP?


- [Commissioned Corps Management Information System](#) Link to SDP Excel

Area	Federal, Tribal, Urban	Service Unit/Group by IHS Area (Bureau)	Area Dental Consultant	Chief Dentist	Supervisory Dentist	Dentist	Dental Specialties	Chief/Director Pharmacist	Pharmacy Consultant	Supervisory Pharmacist	Pharmacist - Advanced Practice / Clinical
IHS ALBQ	TRIBAL	Acoma-Canoncito-Laguna (ACL) Hospital	\$ -	\$ -	\$ -	\$ 2,000.00	\$ -	\$ -	\$ -	\$ -	\$ -
IHS ALBQ	FEDERAL	Albuquerque Indian Health Center	\$ -	\$ -	\$ -	\$ 500.00	\$ -	\$ 650.00	\$ -	\$ -	\$ -
IHS ALBQ	TRIBAL	Cochiti Health Station	\$ -	\$ -	\$ -	\$ 2,500.00	\$ -	\$ -	\$ -	\$ -	\$ -
IHS ALBQ	FEDERAL	Dulce Health Center	\$ -	\$ -	\$ -	\$ 800.00	\$ -	\$ -	\$ -	\$ -	\$ -
IHS ALBQ	FEDERAL	Mescalero Hospital	\$ -	\$ -	\$ -	\$ 1,000.00	\$ -	\$ -	\$ -	\$ -	\$ -
IHS ALBQ	FEDERAL	Picuris Health Location	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
IHS ALBQ	TRIBAL	San Felipe Health Station	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
IHS ALBQ	TRIBAL	Sandia Health Station	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
IHS ALBQ	TRIBAL	Santa Clara Health Center	\$ -	\$ -	\$ -	\$ 2,500.00	\$ -	\$ -	\$ -	\$ -	\$ -
IHS ALBQ	FEDERAL	Santa Fe Hospital	\$ -	\$ 3,000.00	\$ -	\$ 2,500.00	\$ -	\$ 3,000.00	\$ -	\$ -	\$ -
IHS ALBQ	FEDERAL	Ute Mountain Health Center	\$ -	\$ -	\$ 1,500.00	\$ 1,000.00	\$ -	\$ -	\$ -	\$ 1,500.00	\$ -
IHS ALBQ	TRIBAL	Zia Pueblo Health Station	\$ -	\$ -	\$ -	\$ 650.00	\$ -	\$ -	\$ -	\$ -	\$ -
IHS ALBQ	FEDERAL	Lincoln Comprehensive Community Health Center	\$ -	\$ -	\$ -	\$ 350.00	\$ -	\$ 400.00	\$ -	\$ -	\$ -
IHS ALBQ	TRIBAL	Ysleta Del Sur Health Station	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
IHS ANHO	TRIBAL	Unalaska (Oonahaska Wellness Center)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
IHS ANHO	FEDERAL	IHS Alaska Area Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
IHS ANHO	TRIBAL	Manilaq Health Center (Hospital)	\$ -	\$ -	\$ -	\$ 5,000.00	\$ -	\$ -	\$ -	\$ -	\$ -
IHS ANHO	TRIBAL	Point Hope Village Clinic CHAP Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -




How to Apply - Basic

- If you are eligible, fill out the PHS – 7089.
- Per CCI 633.07, officers have until 31 Mar 2025 to backdate the effective date of their agreement.
 - For officers who submit agreements before 90 days (31 March 2025) of the CCHQ announcement, the effective date will be documented as 3 December 2024.
 - If your agreement is submitted after this window, the regular rules in POM 821.90 apply.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. PUBLIC HEALTH SERVICE (USPHS) COMMISSIONED CORPS



SPECIAL DUTY PAY (SDP) AGREEMENT
(Privacy Act Notice is on the Second Page)

IDENTIFICATION		CCHQ USE ONLY
NAME (Last, First, Middle Initial)		DATE REC'D.
PHS SERIAL NUMBER	ORGANIZATION	
DUTY PHONE NUMBER	E MAIL	
LENGTH OF AGREEMENT REQUESTED		
I agree to remain on active duty in the USPHS Commissioned Corps with a Special Duty Pay (SDP) obligation for: <input type="checkbox"/> 12 months.		
CONDITIONS OF AGREEMENT		
In consideration of a monthly payment of \$ _____ SDP, for which I qualify in accordance with 37 U.S.C. §352, Commissioned Corps Directive (CCD) 151.07, and Commissioned Corps Instruction (CCI) 633.07, I hereby agree to the following:		
A. That I must remain on active duty in the USPHS Commissioned Corps for the period of time specified above in the position/assignment in _____ Category at _____ location for which SDP is approved.		
B. To remain on active duty in the position and location specified in this agreement for the period specified above, commencing on the following date (mm/dd/yyyy) _____ I understand that the effective date of this agreement will be the date determined by procedures set forth by the SG in Personnel Operations Memorandum (POM) 821.90.		
C. That I will not seek a reassignment to another position without the approval of the agency, in the first year of this agreement.		
D. That I hold a current, valid, and unrestricted license if required by CCI 231.01, "General Appointment Standards" (also see CCI 251.01, "Professional Licensure and Certification"), or am a graduate of USUHS currently in a medical internship or residency.		
E. That I am not undergoing, nor do I anticipate undergoing, a Fitness for Duty Determination (FFD).		
F. That I will receive the SDP in equal monthly payments except partial months that are prorated.		
G. That the USPHS Commissioned Corps may terminate this agreement under the conditions outlined in CCI 633.07 (e.g., release/ separation from active duty, failure to maintain the USPHS Commissioned Corps conditions of service requirements, misconduct, or less than satisfactory performance).		
H. That if I am not eligible to receive base pay because of a period of Absence Without Leave (AWOL), then I am not eligible for SDP for the duration of the AWOL, and I am required to repay the prorated portion of any amount paid during the period of AWOL and my obligation will be extended for an equal period of time as the AWOL.		
I. That I may be required to repay an erroneous overpayment or other error in payment in accordance with 37 U.S.C §373.		
J. Payment of SDP will normally commence within 90 days after receipt of the completed agreement in CCHQ or within 90 days after CCHQ receives all necessary supporting documentation.		
K. That this agreement will automatically renew at the end of 12 months as long as the officer meets the criteria in CCI 633.07 and the IHS SDP rate has not changed for the officer's position/category at their location as specified in A.		
CERTIFICATION		
I certify that I have read and understand CCD 151.07, CCI 633.07, and POM 821.90, and I have read and agree to abide by the terms of those policies and this SDP agreement as stated above, and affirm that the above information is true and correct. Further, I understand that making a false statement or claim against the U.S. Government is punishable by a fine, or imprisonment, or both, 18 U.S.C. § 287; 18 U.S.C. § 1001.		
PRINTED NAME		DATE (mm/dd/yyyy)
SIGNATURE		



Filling out the SDP Agreement

1. Fill in the information below as request.

Note: Officers must be able to fulfill the minimum of 12 months.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. PUBLIC HEALTH SERVICE (USPHS) COMMISSIONED CORPS



SPECIAL DUTY PAY (SDP) AGREEMENT (Privacy Act Notice is on the Second Page)

IDENTIFICATION		CCHQ USE ONLY
NAME <i>(Last, First, Middle Initial)</i> Doe, Jane M		GRADE/RANK LCDR
DATE REC'D.	PHS SERIAL NUMBER 7XXXX	ORGANIZATION IHS, Federal, Tribal, Urban Area Name (as listed in the POM)
DUTY PHONE NUMBER XXX-XXX-XXXX	E MAIL Jane.doe@ihs.gov (Work Email Address Only)	
LENGTH OF AGREEMENT REQUESTED		

I agree to remain on active duty in the USPHS Commissioned Corps with a Special Duty Pay (SDP) obligation for: 12 months.



Filling out the SDP Agreement

2. To fill in the next section, you will need to cross reference the SDP Pay Chart and your billet number from your most recent set of orders.
 - Put the amount you should be receiving based on the SDP Pay Chart in the payment block.
 - Put your billet # from your most recent orders in the position/assignment.
 - Put your position/category from the SDP Pay Chart in the next block.
 - Finally, put your location in which you are station from the SDP Pay Chart.

CONDITIONS OF AGREEMENT

In consideration of a monthly payment of \$ **\$2,000** SDP, for which I qualify in accordance with 37 U.S.C. §352, Commissioned Corps Directive (CCD) 151.07, and Commissioned Corps Instruction (CCI) 633.07, I hereby agree to the following:

- A. That I must remain on active duty in the USPHS Commissioned Corps for the period of time specified above in the **02CCXXX** position/assignment in **Dentist** Category at **IHS Federal, Tribal, Urban Name** location for which SDP is approved.
- B. To remain on active duty in the position and location specified in this agreement for the period specified above, commencing on the following date (mm/dd/yyyy): **12/3/2024**. I understand that the effective date of this agreement will be the date determined by procedures set forth by the SG in Personnel Operations Memorandum (POM) 821.90.



Filling out the SDP Agreement

3. For the effective date, you are allowed to use 3 Dec 2024 so long as your agreement is submitted before 31 Mar 2025.
 - If after 31 Mar 2025, the agreement effective date will follow the rules of POM 821.90.
 - Effective date must be within 30 days of the officer's signature and submitted to CCHQ by your liaison team within 60 days of the effective date. See the POM for more details.

CONDITIONS OF AGREEMENT

In consideration of a monthly payment of \$ **\$2,000** SDP, for which I qualify in accordance with 37 U.S.C. §352, Commissioned Corps Directive (CCD) 151.07, and Commissioned Corps Instruction (CCI) 633.07, I hereby agree to the following:

- A. That I must remain on active duty in the USPHS Commissioned Corps for the period of time specified above in the **02CCXXX** position/assignment in **Dentist** Category at **IHS Federal, Tribal, Urban Name** location for which SDP is approved.
- B. To remain on active duty in the position and location specified in this agreement for the period specified above, commencing on the following date (*mm/dd/yyyy*): **12/3/2024**. I understand that the effective date of this agreement will be the date determined by procedures set forth by the SG in Personnel Operations Memorandum (POM) 821.90.



Filling out the SDP Agreement

4. Sign the certification to acknowledge the agreement you are signing into.
5. Have your supervisor sign the agreement as well.
 - If the supervisor believes that the officer is ineligible for SDP or recommends against payment of SDP, the supervisor must contact the IHS Agency Liaison for guidance.

CERTIFICATION

I certify that I have read and understand CCD 151.06 and CCI 633.07 and I have read and agree to abide by the terms of this SDP agreement as stated above and that the above information is true and correct. Further, I understand that making a false statement or claim against the U.S. Government is punishable by a fine, or imprisonment, or both. 18 U.S.C. § 287; 18 U.S.C. § 1001.

PRINTED NAME

SIGNATURE

DATE (mm/dd/yyyy)

SUPERVISOR CERTIFICATION

PRINTED NAME

SIGNATURE

DATE (mm/dd/yyyy)



Filling out the SDP Agreement

6. Once you have this completed you can get the budget official signature. If you don't know your budget official, we at DCPS can get that.
7. Submit your SDP Agreement to your Regional Liaison. Once they have reviewed it, they will forward the agreement to IHS DCPS Financial Management Team for final review and submission.

NOTE: If you do not receive a response from the IHS DCPS Financial Management Team that your agreement has been received, follow up with your Regional Liaison after 5 business days.

NOTE: If you do not receive a response from the IHS DCPS Financial Management Team that your agreement was submitted, follow up with your Regional Liaison within 14 business days.

Finally, the officer is responsible for the submission of their agreement. It is not the supervisor's responsibility; it is the officers. Unless you are told the agreement is submitted by IHS DCPS personnel, it has not been submitted.



Frequently Asked Questions

- **Q: Can I still apply for AP?**
- A: No. Now that SDP has published, IHS is no longer participating in AP and will no longer accept new AP agreements.
- **Q: I applied for AP and it was submitted prior to the publishing of the SDP policy. Is my AP agreement still going to publish?**
- A: Yes, so long as it was submitted prior to the publication of the new SDP policy, your AP will publish.
- **Q: Can I get both SDP and AP?**
- A: No, you can only get one or the other.
- **Q: If I'm in an AP agreement, am I able to switch to an SDP agreement?**
- A: Yes. CCI 633.07 allows for eligible officers to request termination from their AP agreement so long as they are signing up for a new SDP agreement. Please provide signed memo indicating your desire to terminate your AP contract along with your signed SDP contract. See example attached.



Frequently Asked Questions

- **Q: My service unit is not listed in SDP Pay Chart. How do they get a location added?**
- A: For the first year of SDP, no rate changes will be made. Exceptions may be made on a case-by-case basis in coordination with the Area or Office Director and the DCPS Director.
- **Q: What if I change positions at my current service unit while under a SDP?**
- A: A new SDP agreement would only need to be completed if that officer moves out of the SDP position/category they were receiving SDP for. (e.g. Moving from a Nurse position to PRC position)
- **Q: Can I keep my current AP agreement?**
- A: Yes. You may continue your current AP agreement until it is completed. For any unique situations, please reach out to your Regional Liaison for specific guidance.
- **Q: If I voluntarily separate or retire from USPHS, will I incur any payback or divestment of entitlements?**
- A: Release from active duty while in an IHS SDP agreement does not divest the officer of travel and transportation authorization, impose any payback requirements, or affect the use of or payment for (if retiring or separating) unused annual leave, unless the officer has other obligations.



Frequently Asked Questions

- **Q: If my position isn't listed, but my category is, can I receive SDP? (E.g.: Chief Pharmacist vs pharmacist.**
- A: Yes, you can receive SDP for your category if your specific position is not listed.
- **Q: If I'm in a TDY or acting role at my service unit, can I still received SDP?**
- A: Your SDP is based on the permanent position and location assigned to.
- **Q: Can I receive SDP for a service unit I get TDY'd to?**
- A: No, you can only receive SDP for the permanent position and location which you are assigned.
- **Q: If I have submitted my retirement package, can I pull my retirement package?**
- A: [CCI 384.03 "Mandatory, Voluntary, and Involuntary Retirement,"](#) Section 6-3g. Identifies rescinding a retirement request. Please reach out to your Regional Liaison if this may apply to your case.



Frequently Asked Questions

- Q: **Can my supervisor refuse to sign an agreement?**
- A: There are only two reasons a supervisor can non-concur with SDP if a rate has been previously approved and published: (1) Actions have been or will be initiated which would deny the officer further practice, specialty designation, or continued service on active duty; or (2) The IHS location(s) choose to not recommend IHS SDP for all the eligible officers in a category or specialty/training/billet code due to budgetary restraints or lack of need for the officers' category, profession, or specialty at the location.
- Q:
- A:
- Q:
- A:



Questions and Contacts

Leadership

RDML Kelly Battese, Director

Mrs. Robin Davidson, Deputy Director

Regional Liaisons

CAPT Aimee Young, Western Region

CDR Lashley Hatch, Navajo Area

CDR Seneca Smith, SouthWest Region

CDR Dodson Frank, SouthEast Region

LCDR Alicia Palazzolo, Northern Plains Region

Headquarters



Western Region



Navajo Region



Southwest Region



Southeast Region



Northern Plains Region



