

DEPARTMENT OF HOMELAND SECURITY  
U.S. Coast Guard  
**SPECIAL DUTY PAY WORKSHEET**

1. EMPLID	2. Name: <i>(Last, First, MI)</i>	3. Unit
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**Definition:** Special Duty Pay (SDP) is offered to members as an incentive to retain qualified members to perform such duties, or an inducement for members to assume duties, with a greater than normal degree of responsibility. SDP has 5 payment levels.

**Purpose:** Use this form to indicate eligibility for and to start or stop SDP. Some supporting documentation may be required (see your P&A YN). Fill in the appropriate information.

**4. Complete the following for Special Duty Pay Entitlement**

a. Applicable ALCOAST authorizing.	
b. Special Duty Pay Requested.	
c. Special Duty Pay Level.	
d. Special Duty Pay Start Date.	
e. Special Duty Pay Stop Date.	

5. Reviewed by P&A office:	Date:
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**Member Acknowledgment:** Member acknowledges by signature below that they will crosscheck future payslips to ensure the correct entitlement of SDP. If the entitlement fails to start, member shall notify their P&A office.

**Privacy Act Statement**

In accordance with 5 USC section 552(e)(3) the following information is provided to you when you are supplying personal information to the U.S. Coast Guard.

**Authority:** 37 U.S. Code section 352.

**Principle Purpose:** Used to indicate and request eligible entitlement of SDP.

**Routine Uses:** Same.

**Disclosure:** Voluntary, however, failure to provide this information may result in underpayment or overpayment of SDP.

6. Member Signature	7. Date	<b>FOR SPO USE ONLY</b> Action Completed	
8. Command Signature	9. Date	Initials	Date