

INSTRUCTIONS: The applicable sections of this form, depending on the calculation method used (see ELM 436), must be completely filled out before the Minneapolis Accounting Service Center (ASC) can process this back pay claim. The employee must review and agree to the information provided on this form prior to submission to the ASC.

Do not attach or forward any additional documentation supporting this claim, unless otherwise specified. ALL supporting documentation must be retained as a part of the back pay file at the final approval level.

A. General Information (Must be completed)

1. Employee's Name		2. Address of Employing Office	
3a. Social Security Number	3b. Designation/Activity Code		
4. Back Pay Period (From/to: month, day, year)		5. Finance Number	
6. Calculation Method (Check only one)			
<input type="checkbox"/> Direct Calculation: (For separations, suspensions, and denial. Complete all sections.)		<input type="checkbox"/> Pay Differential: (Complete section H. Section E should also be completed if a salary progression is applicable.)	
<input type="checkbox"/> Indirect Calculation: (Complete section F. No benefits are affected unless specified in the decision. If such is the case, the appropriate data must be noted in sections D and H.)		<input type="checkbox"/> Erroneous Separation for Optional Retirement (Complete sections D, E, and G, and you must attach either: (a) a letter from OPM stating the amount of erroneous payments if an annuity has been paid; or (b) a copy of the employee's NARECS monthly annuity statement stating amount of erroneous payments if no annuity payments were received by the employee.)	
7a. Forum of Decision/Award or Settlement Agreement (Check only one)			7b. Date of Decision
<input type="checkbox"/> Grievance (Steps 1 through 4) <input type="checkbox"/> MSPB <input type="checkbox"/> EEOC <input type="checkbox"/> Other:			
<input type="checkbox"/> Arbitration <input type="checkbox"/> OPM <input type="checkbox"/> Court			
8. Was Interest EXPRESSLY AWARDED in the Decision/Award or Settlement Agreement?			
<input type="checkbox"/> Yes (Interest is computed after the award has been processed and is paid by separate check.)			<input type="checkbox"/> No

NOTE: A copy of this form must be sent to the San Mateo ASC for the processing and payment of court costs and/or attorney fees.

9a. Were Court Costs Awarded?	10a. Were Attorney's Fees Awarded?
<input type="checkbox"/> Yes (Complete items 9b and 9c) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Complete items 10b and 10c) <input type="checkbox"/> No
9b. Amount Awarded \$	10b. Amount of Fee \$
9c. Name and Address of Payee	10c. Name and Address of Attorney

B. Periods Disallowed

1. For Receipt of Worker's Compensation (Check only one)			2. For Failure to Seek Outside Employment (List dates below)	
<input type="checkbox"/> Full Compensation <input type="checkbox"/> Partial Compensation				
			Date From	Date To
Date From	Date To	Amount Received		
		\$		
		\$		
		\$		

C. Dollar (\$) Amount(s) to Be Offset

1. Receipt of Unemployment Compensation During Back Pay Period? <input type="checkbox"/> Yes (See below) <input type="checkbox"/> No Paying State: _____			2. Gross Earnings Received in Outside Employment (NOTE: If self employed, only report net earnings.) <input type="checkbox"/> Yes (See below) <input type="checkbox"/> No		
Date From	Date To	Amount Received	Date From	Date To	Amount Received
3a. Receipt of a Terminal Leave Payment (Attach Form 2246 or other applicable documentation) <input type="checkbox"/> Yes (See below) <input type="checkbox"/> No Gross Terminal Leave Payment _____			3b. If Leave Was Overdrawn, Was a Bill Established? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Annual Leave Hours _____		

D. Benefit Election(s)

1. Health Insurance (Check only one) <input type="checkbox"/> Enroll as New Employee <input type="checkbox"/> Retroactive Reinstatement If Checked, Complete the Following: Plan Code _____ <input type="checkbox"/> Enrollment Continued (Never terminated) Effective Date _____ <input type="checkbox"/> No Coverage	2. Life Insurance (Check only one) <input type="checkbox"/> Enroll as New Employee <input type="checkbox"/> Retroactive Reinstatement If Checked, Complete the Following: Plan Code _____ <input type="checkbox"/> Enrollment Continued (Never terminated) Effective Date _____ <input type="checkbox"/> No Coverage NOTE: Employees May Not Increase Their Life Insurance Coverage Unless They Meet the Conditions Specified in ELM 436.427.
3. Thrift Savings Plan (Check only one) <input type="checkbox"/> Enroll as New Employee <input type="checkbox"/> Retroactive Reinstatement If Checked, Complete the Following: Contribution Rate _____ % or \$ _____ per P/P Effective Date _____ NOTE: Attach a Copy of TSP Election Form(s) Covering the Back Pay Period.	4. Leave Benefits - Indirect Calculations Only (Check only one) <input type="checkbox"/> Full Leave Benefits <input type="checkbox"/> Partial Leave Benefits If Partial Leave Benefits, Explain: NOTE: Back Pay Based on the Direct Calculation Method Assumes Employee Is Entitled to Full Leave Benefits. Annual Leave Will Be Credited Up to the MAXIMUM CARRYOVER Allowed Unless Otherwise Specified in the Settlement.
5. Retirement Benefits <input type="checkbox"/> Yes (See below) <input type="checkbox"/> No Beginning and End Dates for Retirement Service Credit: _____ Calculate Retirement Benefits Based on Hours per P/P: _____	

E. Salary Progression (If award is to make whole, step deferments for LWOP during back pay period should be cancelled. Submit data only in the following format. A copy of service history is not acceptable.)

NOA	NOA Description	Effective Date	Des/Act Code	RSC	Level/Step	Salary	COLA

Attach Additional Sheets as Necessary Using This Format.

F. Lump Sum Payment (Reminder: If payment is for wages or base hours, award should not be done as a Lump Sum.)

1. Did the Decision/Award or Settlement Agreement Specifically Provide for a Lump Sum Payment?

Yes No

If YES, State the Amount: \$ _____

2. Is the Lump Sum Payment Exempt from any Payroll Deductions or Withholdings?

Yes No

If YES, Identify the Payroll Deductions or Withholdings that Are Exempt:

NOTE: This Should Only Apply if You Checked Section A6, Indirect Calculation, on Page 1.

G. Hour Tabulation (If PTF, please submit 13 pay periods prior to removal/separation.)

1. Tour on Which Employee Would Have Worked: Start Time: _____ End Time: _____

2. Non Scheduled Days: Saturday Sunday Monday Tuesday Wednesday Thursday Friday

NOTE: For Rural Carriers, Use the Evaluated Hours (or Miles) for the Employee's Route.

Year	P/P	Week	Work Hours (52)	OT Hours (53)	N/W Hours (54)	Hol. Work (57)	Hol. Leave (58)	Sun. Prem. (72)	A/L Hours (55)	S/L Hours (56)	Other
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Attach Additional Sheets as Necessary Using this Format.

H. Special Instructions

Complete This Section if a Pay Differential Adjustment Is Involved or Additional Information/Instructions Are Required in Order to Process this Back Pay Claim. All Special Instructions as Stated in the Decision Must Be Included in this Section.

Employee's Signature		Date	
Certifying Official's Signature	Date	Final Approving Authority's Signature	Date
	Tel. No.		Tel. No.