

Back Pay Decision/Settlement Worksheet

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 Informa	ation (Must be	completed)							
1. Employee's Name	·	• ,		2. Address of Employing Office					
3a. Social Security Nu	mber 3b	. Designation/Activity	/ Code						
4. Back Pay Period (Fi	rom/to: month, day	v, year)		5. Finance Number					
6. Calculation Method	(Check only one)								
☐ Direct Calculatio		arations, suspensions complete all sections.		☐ Pay Differential:	plete section H. Section E should e completed if a salary progression licable.)				
☐ Indirect Calculati	are affec decision. appropris	te section F. No bene ted unless specified i If such is the case, t ate data must be note D and H.)	in the the	☐ Erroneous Separation for Optional Retirement	must a stating if an ai the em statem payme	plete sections D, E, and G, and you attach either: (a) a letter from OPM of the amount of erroneous payments innuity has been paid; or (b) a copy of aployee's NARECS monthly annuity ment stating amount of erroneous ents if no annuity payments were end by the employee.)			
7a. Forum of Decision	Award or Settlem	ent Agreement (Ched	ck only one)		7	b. Date of Decision			
☐ Grievance (Steps☐ Arbitration			☐ EEOC ☐ Court	☐ Other:					
		e sent to the San M	lateo ASC fo			urt costs and/or attorney fees.			
9a. Were Court Costs				10a. Were Attorney's Fees Awarded?					
☐ Yes (Complete ii ☐ No	tems 9b and 9c)			☐ Yes (Complete items 10b and 10c) ☐ No					
9b. Amount Awarded				10b. Amount of Fee \$					
9c. Name and Address	s of Payee			10c. Name and Address of Atto	orney				
B. Periods Disallo		(0)		O For Follow to Oorl Out it Fordown at # it date helps)					
For Receipt of Work	ers Compensatio	n (Cneck only one)		2. For Failure to Seek Outside Employment (List dates below)					
☐ Full Compensati	on	☐ Partial Compens	sation	Date From		Date To			
Date From	Date To	Amount R	Received						
		\$							
		\$							
		\$							

C. Dollar (\$) An											
Receipt of Unemployment Compensation During Back Pay Period?						2. Gross Earnings Received in Outside Employment (NOTE: If self employed, only report net earnings.)					
☐ Yes (See below) ☐ No											
Paying State:					☐ Yes	(See below)	□ No				
Date From	Di	ate To	Amou	nt Received	Dat	e From	Date To	Amount Received			
3a. Receipt of a Te	erminal Leave Pay	yment (Attaci	 n Form 224	6 or other appli	L cable docum	nentation)	3b. If Leave Was Overdra	wn, Was a Bill Established?			
☐ Yes (See be	elow)	☐ No			☐ Yes ☐ No						
Gross Terminal Lea	ave Payment				Date Paid		Number of Annual Leav	ve Hours			
D. Benefit Elec											
Health Insurance	e (Check only one	e)			2. Life Insu	irance (Check	(only one)				
☐ Enroll as Ne	w Employee	Reti	oactive Re	instatement	☐ Enr	oll as New En	nployee	roactive Reinstatement			
If Checked, the Following					If Checked, Complete the Following:						
Plan Code			ollment Coi ver termina		Plan Code						
Effective Date					Effective Date						
3. Thrift Savings P	lan (Check only o	nne)					May Not Increase Their Lif				
☐ Enroll as Ne	w Employee	Reti	oactive Re	instatement	Leave Benefits - Indirect Calculations Only (Check only one)						
If Checked, Complete the Following:		☐ No I	Participatio	n	If Partial Leave Benefits, Explain:						
Contribution	Rate	_ % or \$	pe	er P/P							
Effective Date			Attach a C n Form(s) (ck Pay Peri		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 Bend	efits				•						
☐ Yes (See be	,	☐ No									
	nd End Dates nt Service Credit:					tetirement Ber lours per P/P:					
	ression (If awa the following for						ck pay period should b	e cancelled. Submit			
NOA	NOA Descrip		ctive Date	Des/Act Code	RSC	Level/Step	Salary	COLA			
		٨٠٠	h Addition	 	locossary I	leing This Es	armat				

1. Did the		/Award or	Settlement Ag			ide 2. Is	the Lump Sun vithholdings?					
☐ Yes ☐ No						☐ Yes ☐ No If YES, Identify the Payroll Deductions or Withholdings that Are Exempt:						
				If								
If YES	, State the	Amount:	\$				OTE: This Sho		y if You Ched	cked Section A	6, Indirect	
G Hau	ır Tabula	tion (If F	OTE place	submit 12	nav poriods		alculation, on Fremoval/sepa	_				
			Vould Have W				emoval/sepa	aration.)				
		Days:] Saturday	Sunday	Monda	ау 🗌 Т		Wednesday	•	☐ Friday		
Year	P/P	Week	Work Hours (52)	OT Hours (53)	N/W Hours (54)	Hol. Worl			A/L Hours (55)	S/L Hours (56)	Other	
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	<u> </u>			Attach Add	⊥ ditional Shee	ts as Nece	ssary Using th	is Format.				
H. Spe	cial Instr	uctions		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ooury comig ii					
Complete	This Sect	ion if a Pa	y Differential A	Adjustment Is	s Involved or A	Additional In	nformation/Instr	ructions Are R	equired in Or	der to Process	this Back	
Pay Clain	n. All Spe	ciai Instruc	ctions as State	d in the Dec	ision Must Be	Included in	this Section.					
Employee's Signature									Date			
Certifving	Official's	Signature		Date		Fina	I Approving Au	thority's Signa	ature	Date		
,9		J		Tel. No			2 - FF 3 - William 5 - Olymans					
				i i el. No	J.					Tel. No.		