

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 k	be completed	d)				
1. Employee's Name				2	2. Address of Employing Office	ì	
3a. Social Security Number 3b. Designation/Activity Code							
4. Back Pay Period (From/to: month, day, year)					5. Finance Number		
6. Calculation Method (Chec.	k only on	e)					
Direct Calculation: <i>(For separations, suspensions, and denial. Complete all sections.)</i>				Pay Differential:	(Complete section H. Section E should also be completed if a salary progression is applicable.)		
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.)				Erroneous Separation for Optional Retirement	stati if an the state payr	mplete sections D, E, and G, and you st attach either: (a) a letter from OPM ing the amount of erroneous payments a annuity has been paid; or (b) a copy of employee's NARECS monthly annuity ement stating amount of erroneous ments if no annuity payments were eived by the employee.)
7a. Forum of Decision/Award	d or Settle	ement Agreem	ent (Check only one)				7b. Date of Decision
Grievance (Steps 1 through Arbitration	•	□ MSPB □ OPM	EEOC Court		Other:		
8. Was Interest EXPRESSLY	AWAR	DED in the Dec	ision/Award or Settler	mer	nt Agreement?		
Yes (Interest is computed by the second s	ted after	the award has	been processed and	is p	aid by separate check.)		🗆 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?					
Yes (Complete)	items 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 Attorney					
B. Periods Disallo			_					
1. For Receipt of Work	ker's Compensation (Ch	eck only one)	2. For Failure to Seek Outside Emplo	2. For Failure to Seek Outside Employment (List dates below)				
				1				
Full Compensat	ion 🗌 F	Partial Compensation	Date From	Date To				
			_					
Date From	Date To	Amount Received						
		\$						
		Ψ						
		\$						
		Ψ						
		\$						
		↓						

C. Dollar (\$) Amo			Back Pa	v Period?	2 Gross E	arnings Recei	ived in Outside Employm	ent (NIOTE: If self			
Receipt of Unemployment Compensation During Back Pay Period? Yes (See below) No						2. Gross Earnings Received in Outside Employment (NOTE: If self employed, only report net earnings.)					
Paying State:						Yes (See below)					
Date From	Date	То	Amou	nt Received	Dat	e From	Amount Received				
				0							
3a. Receipt of a Terr	•	•	⊢orm 224	6 or other appli	cable documentation) 3b. If Leave Was Overdrawn, Was a Bill Establishe Yes No						
Gross Terminal Leave Payment					Date Paid Number of Annual Leave Hours						
D. Benefit Election	on(s)										
1. Health Insurance					2. Life Insu	Irance (Check	(only one)				
Enroll as New	Employee	Retro	active Re	instatement	🗌 Enr	oll as New En	nployee 🗌 Ret	roactive Reinstatement			
If Checked, Co the Following:	omplete				If Checked, Complete the Following:						
Plan Code Enrollment Continued (Never terminated)					Plan Code Enrollment Continued (Never terminated)						
Effective Date No Coverage					Effective Date No Coverage						
3. Thrift Savings Plan	n (Check only one)						lay Not Increase Their Line Conditions Specified in				
Enroll as New Employee Retroactive Reinstatement						ect Calculations Only (Ch	- /				
If Checked, Complete Internation If Checked, Complete				n	Full Leave Benefits If Partial Leave Benefits, Explain:						
Contribution R	ate %	or \$	pe	er P/P							
Effective Date NOTE: Attach a Copy of TSP Election Form(s) Covering the Back Pay Period.					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 Benefi	ts										
🗌 Yes (See belo	w)	🗌 No									
Beginning and for Retirement	End Dates Service Credit:					etirement Ber lours per P/P:					
E. Salary Progre data only in the	ssion (If award is a following formation	s to make t. A copy c	whole, s of servic	step defermen e history is no	ts for LWC t acceptabl	P during ba le.)	ck pay period should b	e cancelled. Submit			
NOA NOA Description		Effect	ive Date	Des/Act Code	RSC	Level/Step	Salary	COLA			
		Attach	Additio	nal Sheets as M	lecessary L	Jsing This Fo	ormat.				

F. Lump Sum Payment (Reminder: If payment is for wages or base hours, award should not be done as a Lump Sum.)											
	e Decision ump Sum		Settlement Ag	greement Spe	ecifically Prov	ide 2. Is t Wit	Is the Lump Sum Payment Exempt from any Payroll Deductions or Withholdings?				
Yes No							Yes			No	
								he Payroll De			nat Are Exempt:
								ne i ayion De		numoiumys u	lat Ale Exempt.
	State the	Amount	¢								
If YES, State the Amount: \$ NOTE: This Should Only Apply if You Che										kad Saction	AG Indiract
						Cal	culation, on F	Page 1.	y ii rou chec	Ked Section	AO, INDIFECT
G. Hou	r Tabula	tion <i>(If P</i>	TF, please	submit 13 I	pay periods						
			Vould Have W		rt Time:		d Time:				
2. Non Scheduled Days: Saturday Sturday Monday 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
		1									
		2									
		1									
		2									
		1									
		2									
		1									
		2									
		1									
		2									
		1									
		2									
		1									
		2									
		1									
		2									
		1									
		2									
		1									
		2 1									
		2									
		1									
		2									
		1									
		2									
		1									
		2									
		1									
		2									
				Attach Add	litional Shee	ts as Necess	ary Using th	is 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.