

**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 <b>must</b> 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:<br><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?<br><input type="checkbox"/> Yes (Complete items 9b and 9c)<br><input type="checkbox"/> No | 10a. Were Attorney's Fees Awarded?<br><input type="checkbox"/> Yes (Complete items 10b and 10c)<br><input type="checkbox"/> No |
| 9b. Amount Awarded<br>\$  | 10b. Amount of Fee<br>\$   |
| 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 |  |         |
|  |         | \$              |  |         |
|  |         | \$              |  |         |
|  |         | \$              |  |         |



