

**INSTRUCTIONS:**

An employee may receive payment of back pay compensation due to erroneous retirement separation, or if one of the following personnel actions is later deemed unwarranted or unjustified:

- a. Separation
- b. Placement on leave without pay (LWOP) status due to suspension; or
- c. Denial of Postal Service™ employment.

Before a back pay claim can be processed, an employee who satisfies one of the above conditions must also:

- a. Complete this form.
- b. Provide all required supporting documentation. Attach additional pages as necessary, noting on each attached page the question to which it relates.

*If you have questions concerning the completion of any part of this form, contact your local personnel office for assistance.*

**A - Employee Identification**

Name (Last, first, MI)		EIN	Designation/Activity Code (DES-ACT)	
Address (Number, street, box, ste./apt. no.)			City	
State	ZIP+4®	Telephone No. (Include area code)	Current Position Title	Current Occupation Code
Back Pay Period: From (MM/DD/YYYY)		Back Pay Period: To (MM/DD/YYYY)	Employing Office Finance No.	Employing Office Telephone No. (Include area code)
Employing Office Address (Number, street, box, ste./apt. no.)			City	
State	ZIP+4	USPS® Labor Relations or Human Resources Contact	USPS Contact Telephone No. (Include area code)	

**B - Statement Questions**
**Employment – Questions 1 – 4**

**1. Did you seek outside employment during the back pay period?**  Yes  No

**Note:** Postal Service employees eligible for veterans' preference are not required to make reasonable efforts to obtain other employment while pursuing an administrative appeal with the Merit Systems Protection Board (MSPB).

If YES, you must furnish the information required below based on the type of personnel action and the length of the back pay period.

- a. **SEPARATIONS AND INDEFINITE SUSPENSIONS.** If the back pay claim is for a period of separation or indefinite suspension and no outside employment was obtained for all or part of the back pay period, you must furnish the following:
  - (1) If the back pay period is 45 days or less, you must the answer questions on this form.
  - (2) If the back pay period is more than 45 days but less than 6 months, you must provide a written explanation of the reasons outside employment was not obtained for all parts of the back pay period except for the first 45 days.
  - (3) If the back pay period is 6 months or more more, you must provide detailed information concerning the efforts you made to obtain other employment for all parts of the back pay period except for the first 45 days. Please provide the following information for **each** employer:

- (a) The date or approximate date the contact was made.
- (b) The business name, address, and telephone number.
- (c) Whether the contact was in person, by telephone, or by mail.
- (d) The name of the person contacted or who conducted the interview.
- (e) Whether an employment application was filed.
- (f) The reason, if known, why employment was not offered.

b. DENIAL OF EMPLOYMENT. If the back pay claim is for a period during which employment with the Postal Service was denied and no outside employment was obtained, you must provide the information required in item 1a(3) above for ALL parts of the back pay period during which other employment was not obtained.

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**2. Did you have earnings from outside employment during the back pay period?**  Yes  No

**NOTE:** Outside employment is employment you obtained during the back pay period.

If YES, you must attach a statement from **each** of your employers showing the total number of hours you worked and your gross earnings for the back pay period.

*Attach your employment/earnings statement.*

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**3a. Did you have any earnings from secondary employment during the back pay period?**  Yes  No

**NOTE:** Secondary employment is employment that you had while working for the Postal Service directly prior to the back pay period and that would have continued even if you had continued working for the Postal Service.

If NO, go to question 4.

If YES, you must attach a statement from **each** of your employers showing the total number of hours you worked and your gross earnings for the back pay period and go to question 3b.

*Attach your employment/earnings statement.*

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**3b. Were the work hours of your secondary employment expanded (increased) during this period?**  Yes  No

If YES, you must submit a statement from **each** of your employers showing the hours you worked and your gross earnings for the 6-month period prior to the beginning of the back pay period as well as for the back pay period.

*Attach your employment/earnings statement.*

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**4. Were you self-employed during the back pay period?**  Yes  No

If YES, you must submit an affidavit indicating the gross amount earned and any deductions for ordinary and necessary business expenses incurred in conjunction with such self-employment. Any business expense deductions claimed must be itemized and substantiated by receipts or other documentation, when available. If such employment existed prior to the back pay period, you must also submit your earnings for the 6-month period prior to the beginning of the back pay period.

*Attach your affidavit and employment/earnings statement.*

5. Did you receive unemployment compensation during the back pay period?  Yes  No

If YES, identify the state(s) from which unemployment compensation was received, date(s) covered, and amount(s) received, and attach **an earnings statement from each state employment security agency.**

STATE FROM WHICH COMPENSATION RECEIVED	STARTING DATE	ENDING DATE	AMOUNT RECEIVED
			\$
			\$
			\$
			\$
			\$
			\$

Attach your earnings statements.

6. Did you receive workers' compensation for any time during the back pay period?  Yes  No

If YES, note whether you received full or partial compensation, identify the date(s) covered and amount(s) received, and attach documentation of the workers' compensation payments received.

FULL OR PARTIAL	STARTING DATE	ENDING DATE	AMOUNT RECEIVED
			\$
			\$
			\$
			\$
			\$
			\$

Attach documentation.

7. Did you receive any annuity payments from the federal government during the back pay period?  Yes  No

If YES, write in your retirement account number \_\_\_\_\_, identify the date(s) covered and amount(s) received.

STARTING DATE	ENDING DATE	AMOUNT RECEIVED
		\$
		\$
		\$

At the employee's option, annuity payments provided by the Office of Personnel Management (OPM) may be deducted from the back pay award and transmitted to OPM to satisfy the employee's debt to the federal retirement system. Would you like the Postal Service to deduct the annuity payments from the back pay award?  Yes  No

Attach additional sheets if necessary.

**Leave – Questions 8a & 8b**

**8a. During the back pay period, were you ready, willing and able to perform your Postal Service job?**  Yes  No

If YES, go to question 9.

If NO, provide an explanation of your inability to work and state the beginning date(s) and ending date(s) of each period that you were unable to work, and go to question 8b.

*Attach additional sheets if necessary.*

**8b. Do you want to substitute credited annual leave or sick leave pursuant to the requirements of *Employee and Labor Relations Manual (ELM) 510* for periods when you were not ready, willing, and able to perform your Postal Service job?**  Yes  No

**Note:** If you were unable or unwilling to perform your job during the back pay period and you do not request annual or sick leave, you will not receive any compensation from the Postal Service for that period.

If YES, identify date(s) to be covered and type of credited leave to be substituted.

STARTING DATE	ENDING DATE	TYPE OF CREDITED LEAVE

*Attach additional sheets if necessary.*

**Health Insurance Benefits – Question 9**

**9. Do you want to have Federal Employees Health Benefits (FEHB) coverage?**  Yes  No

If YES, indicate which one of the following options you prefer:

Enroll in a new plan or option.

OR

Reinstate your prior enrollment, retroactive to the date it was terminated.

**Thrift Savings Plan – Questions 10a – 10d**

**10a. Do you want to participate in the Thrift Savings Plan (TSP)?**  Yes  No

If NO, go to question 11.

If YES, go to question 10b.

**10b. Were you separated from the Postal Service for the period covered by the back pay claim?**  Yes  No

If NO, go to question 10c.

If YES, you must submit a Form TSP-1, Election Form, for each TSP Open Season to document the deductions you want withheld from your back pay award. If you wish to participate in TSP catch-up, you must submit a Form TSP-1c, Catch-Up Contribution Election, for each TSP Open Season.

**Note:** To participate in TSP catch-up, you must be age 50 or older at the time of TSP election and already contributing the maximum amount of regular TSP contributions for which you are eligible. This catch-up contribution limit changes annually and is determined by the IRS.

Attach Form(s) TSP-1 and/or Form(s) TSP-1c.

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**10c. Were you on LWOP during an indefinite suspension for the period covered by the back pay claim?**  Yes  No

If NO, go to question 10d.

If YES, the TSP participation in force at the beginning of your LWOP period will be reinstated automatically. If you wish to change the amounts contributed to your TSP, you must submit a Form TSP-1 for each TSP Open Season to document the deductions you want withheld from your back pay award. If you wish to participate in TSP catch-up, you must submit a Form TSP-1c for each TSP Open Season.

**Note:** To participate in TSP catch-up, you must be age 50 or older at the time of TSP election and already contributing the maximum amount of regular TSP contributions for which you are eligible. This catch-up contribution limit changes annually and is determined by the IRS.

Attach Form(s) TSP-1 and/or Form(s) TSP-1c.

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**10d. Were you denied employment for the period covered by the back pay claim?**  Yes  No

If YES, contact your personnel office for assistance.

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**Postal Indebtedness** – Question 11

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**11. Do you have any outstanding indebtedness to the Postal Service that is not related to the period of your back pay award?**  Yes  No

If YES, please indicate the amount, if any, you would like deducted from your final award.

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**Life Insurance**

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**Eligibility for life insurance coverage after a return to pay and duty status is determined by the law and regulations for the Federal Employees' Group Life Insurance (FEGLI) Program, administered by the Office of Personnel Management (OPM.)**

For detailed information on how FEGLI handles coverage in such situations, and what options are available to a Postal Service employee, See *Employee and Labor Relations Manual* (ELM) 436.5, Life Insurance Coverage.

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## C - Privacy Act Statement

**Privacy Act Statement:** The collection of this information is authorized by 39 USC Sections 401 and 1003, 5 USC8339, and Public Law 103-3. This information will be used to determine the amount of back pay you are entitled to receive under a decision/award or settlement agreement authorized by an appropriate authority. As a routine use, this information may be disclosed to a Congressional office at your request; to OMB for review of private relief legislation; to a labor organization as required by the NLRA; where pertinent, in a legal proceeding (a) to which the USPS is a party; (b) by which the USPS is likely to be affected; or (c) in which the USPS has an interest; to an appropriate law enforcement agency for investigative or prosecutorial purposes; to a government agency where relevant to a hiring, contracting, or licensing decision by the requesting agency; to a government agency in order to elicit information relevant to a hiring, contracting, or licensing decision by the USPS; to an expert, consultant or individual under contract with the USPS to fulfill an agency function; to Federal Records Center for storage; to the EEOC for investigating a formal EEO complaint filed against the USPS under 29 CFR 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings involving possible prohibited personnel practices; to an independent certified public accountant during an official audit of USPS finances; to agencies having taxing authority for taxing purposes; to financial organizations receiving allotments; to OPM, SSA, VA, OWCP, insurance carriers, plans or other program management agencies or systems for use in determining or processing a claim for health, life insurance, retirement, or other program benefits under such system; to OPM for its active employee/annuitant data systems used to analyze federal retirement and insurance costs; and to federal, state, or local governments administering benefit or other programs to conduct a computer match to verify eligibility, indebtedness, or compliance with requirements of the program. Completion of this form is voluntary. However, if this information is not provided, your back pay claim cannot be processed.

**Civil Penalty for Presenting False or Fraudulent Claim:** A person who submits a false or fraudulent claim is liable for a civil penalty of not less than \$5,000 and not more than \$10,000, plus an amount equal to three times the amount of damages sustained due to the false or fraudulent claim, and the costs of any civil action brought to recover such amounts (see 31 USC 3729-3731).

**Criminal Penalty for Presenting False or Fraudulent Claim or Making False or Fraudulent Statements.** A person who submits a false or fraudulent claim or makes a false or fraudulent statement is liable for a criminal fine or imprisonment for not more than 5 years or both (see 18 USC 287, 1001).

## D - Employee Signature

I hereby certify that my answers to the above questions are true and correct to the best of my knowledge and belief, and I understand the above provisions regarding the Privacy Act Statement and the civil and criminal penalties for presenting false or fraudulent claims or making false or fraudulent statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date