

Instructions: This form is used to submit a claim for payment of back pay compensation authorized by (1) a settlement agreement, arbitration award, or agency or court decision in the case of a contested personnel action; (2) a rescission by management in the case of an uncontested personnel action; or (3) a Postal Service™ approval of back pay in case of an erroneous retirement determination.

The claimant, the Postal Service certifying officials, and the Postal Service final approval authority must all sign this form to acknowledge that they have reviewed its contents and agree with the statements made on this form. *A form missing any of the three signatures will be returned to the originating office.*

A. Claimant Identification

Claimant Name <i>(Last, First, MI)</i>		Employing Office Address <i>(Number, street, suite, etc.)</i>		
Designation/Activity Code <i>(DES/ACT)</i>	Claimant EIN <i>(Employee ID)</i>			
USPS® Contact Name <i>(Last, First, MI)</i>				
USPS Contact Office Address <i>(Number, street, suite, etc.)</i>		Employing Office Telephone Number <i>(including area code and extension)</i>		
City	State	ZIP+4	USPS Contact Telephone Number <i>(including area code and extension)</i>	

B. Claim Information

Back Pay Period: From <i>(MM/DD/YYYY)</i>	Back Pay Period: To <i>(MM/DD/YYYY)</i>	Finance Number to Be Charged	Date of Settlement, Decision, Ruling or Erroneous Retirement Determination <i>(MM/DD/YYYY)</i>
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Does this settlement or decision constitute, or include, a lump sum payment? <i>(If yes, please state amount and relevant pay period (PP/YY)).</i> <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ Relevant Pay Period _____ / _____	Did this settlement or decision award court costs or attorneys' fees? If yes, please provide the amount, payee(s) names, mailing addresses, and tax identification number(s) (TIN). <input type="checkbox"/> No <input type="checkbox"/> Yes NOTE: Attach additional information as necessary.
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Claim Category <input type="checkbox"/> Contested Personnel Action <input type="checkbox"/> Settlement <input type="checkbox"/> Decision <input type="checkbox"/> Rescission <input type="checkbox"/> Erroneous Retirement Determination Approved for Back Pay <input type="checkbox"/> Other <i>(specify):</i> _____ _____ _____	Employee Status During Back Pay Period <input type="checkbox"/> LWOP <input type="checkbox"/> Separated <input type="checkbox"/> Denied Employment <input type="checkbox"/> Duty Status Unchanged <input type="checkbox"/> Separated Erroneously for Retirement <input type="checkbox"/> Other <i>(specify):</i> _____ _____ _____	Forum for Settlement or Decision <input type="checkbox"/> Pre-arbitration <input type="checkbox"/> Pre-trial <input type="checkbox"/> Equal Employment Opportunity Commission (EEOC) <input type="checkbox"/> Merit Systems Protection Board (MSPB) <input type="checkbox"/> Arbitration Decision <input type="checkbox"/> Court Decision <input type="checkbox"/> Other <i>(specify):</i> _____ _____ _____
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C. Interest and Reimbursable Expenses

Is interest expressly awarded in the settlement? <input type="checkbox"/> No <input type="checkbox"/> Yes NOTE: Interest is computed after the claim has been processed and is paid by a separate check.	Is any portion of this claim for compensatory damages? <i>(If yes, please state amount.)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ Is any portion of this claim for reimbursable expenses (such as per diem and/or mileage)? <i>(If yes, please state amount.)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ NOTE: Expenses must be substantiated by expense report.
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D. Compensation from the Postal Service and Other Sources

(1) Is the claimant a former Postal Service employee who received a terminal payout for accrued annual leave upon separation? (If yes, please enter the gross dollar amount and date paid.)

- No
- Yes Amount (Gross) \$ _____
Date Paid (MM/DD/YYYY) _____

(2) Is the claimant a former Postal Service employee who was overdrawn for annual leave upon separation and therefore had an invoice (Notice of Demand) issued? (If yes, please enter the gross dollar amount.)

- No
- Yes Amount (Gross) \$ _____

(3) Did the claimant receive **workers' compensation** during the back pay period? (If yes, list date(s) **verified by the U.S. Department of Labor** in the columns below.)

- No
- Yes

Date From (MM/DD/YYYY)	Date To (MM/DD/YYYY)	Gross Amount Received \$

NOTE: Attach additional information if necessary.

(4) Did the claimant receive **unemployment benefits** during the back pay period? (If yes, list date(s) **verified by state employment security agencies** in the columns below.)

- No
- Yes
If yes, which state(s)? _____

Date From (MM/DD/YYYY)	Date To (MM/DD/YYYY)	Gross Amount Received \$

NOTE: Attach additional information if necessary.

(5a) Did the claimant obtain **outside employment** during the back pay period? (If yes, list date(s) in the columns below.)

- No
- Yes

Date From (MM/DD/YYYY)	Date To (MM/DD/YYYY)	Gross Amount Received \$

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

(5b) If the answer to **outside employment** is no, was the claimant ready, willing, and able to work?

- No
- Yes

NOTE: If the claimant was ready, willing, and able to work but failed to seek outside employment, the claimant will be denied back pay compensation, subject to the provisions of the *Employee and Labor Relations Manual* (ELM) 436.2, limitations. Please list any period(s) of time to be disallowed from the back pay award in Section F below.

(6a) Was the claimant **self-employed** during the back pay period?

- No
- Yes

(6b) If yes, report the difference between what was earned in the 6-month period prior to the back pay period and what was earned during the back pay period.

\$ _____ (Gross)

NOTE: For more information, see IRS Publications 334, *Tax Guide for Small Businesses*, and 535, *Business Expenses*.

(7a) Did the claimant have **secondary employment** during the back pay period?

- No
- Yes

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

(7b) If yes, did work hours of **secondary employment** increase during the back pay period?

- No
- Yes

If yes, report any increase between what was earned in the 6 months prior to the back pay period and during the back pay period.
Gross Increase Amount \$ _____

E. Benefit Elections

Health Insurance

- No Coverage
 Enrollment Continued (Never Terminated)
 Retroactive Reinstatement
 Enroll as a New Employee
 Plan Code: _____
 Effective Date: _____

Thrift Savings Plan

- No Participation
 Retroactive Reinstatement
 Contribution Rate (%) _____
 Or \$ _____ per pay period
 Effective Date: _____

NOTE: Attach copies of the TSP Election form(s) covering the back pay period. Upon returning to work, the claimant must access *PostalEase* if the claimant wishes to participate in TSP and have contributions deducted from current earnings.

Retirement Benefits

(1a) Did the claimant receive any annuity payments from the federal government during the back pay period?

- No
 Yes

If yes, please enter the claimant's Civil Service Annuity (CSA) retirement account number _____ and report the amount(s) received.

Date From (MM/DD/YYYY)	Date To (MM/DD/YYYY)	Gross Amount Received \$

NOTE: Attach additional information if necessary.

NOTE: The above amount(s) will be deducted automatically from the back pay award and electronically transmitted to the Office of Personnel Management (OPM) to satisfy the claimant's indebtedness and restore applicable retirement credit.

Flexible Spending Accounts

- Claimant was not participating in FSA prior to back pay award.
 Claimant was participating in FSA, but chose Option #1 on PS Form 8038 not to have participation restored for remainder of Plan year. (Claimant will be invoiced for any FSA contribution arrearage up to eight pay periods.)
 Claimant chose Option #2 on PS Form 8038 to have FSA participation restored up to the balance of the Plan year. (Claimant will owe additional FSA contributions for the additional term of participation.)
 Claimant missed FSA Open Season during the back pay period and has been advised to contact the Human Resource Shared Services Center if New Enrollment (as Belated Enrollment) is desired.

Leave Benefits

- No Leave Benefits
 Full Leave Benefits
 Partial Leave Benefits
 If "partial leave benefits" is checked, please explain below:

NOTE: Unless specifically addressed in the settlement or decision, claimants who receive a lump sum payment typically do not have leave benefits credited for the back pay period. Alternatively, unless stated otherwise in the settlement or decision, claimants who receive other than lump sum disbursements are typically credited with full leave benefits up to the maximum allowable carry-over, as would have accrued if they had been active employees in pay status during the back pay period.

(1b) Did the claimant make a voluntary withdrawal of retirement funds, either CSRS or FERS?

- No
 Yes Amount \$ _____

NOTE: The above amount(s) will be deducted automatically from the back pay award and electronically transmitted to the Office of Personnel Management (OPM) to satisfy the claimant's indebtedness and restore applicable retirement credit.

Life Insurance

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 ELM 436.5, Life Insurance Coverage.

F. Periods Disallowed

For Failure to Seek Outside Employment (*List dates below.*)

Claimant Unable to Perform Postal Service Job and Did Not Elect to Substitute Annual or Sick Leave, per ELM 510 (*List dates below.*)

G. Salary Progression

If award is to make the employee whole, all salary history corrections must be made before submission of back pay documents to the Eagan ASC for processing (e.g., step deferments for LWOP during back pay period should be canceled). A copy of the revised service history is acceptable.

H. Work Schedule

Please complete the following information:

Tour start time: _____

Tour end time: _____

Lunch period: _____

Rural Carriers — Evaluated Weekly Hours: _____

Nonscheduled Days

- Saturday
- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Scheduled Days

- Saturday
- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Instructions: In the sheet below, enter the paid hours that would have occurred during the back pay period had the claimant worked. For employees with flexible work schedules, complete all the applicable columns for the 13 pay periods prior to removal, separation, or extended LWOP, per ELM 436. If the claimant did not work 13 pay periods prior to removal, separation, or extended LWOP, list as many pay periods as are available.

Year	PP	Week	Work Hours (52)	Overtime (53)	Night Shift Differential (54)	Holiday Work (57)	Holiday Leave (58)	Sunday Premium (72)	Annual Leave (55)	Sick Leave (56)	Other (Please specify)
		1									
		2									
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I. Special Instructions

Please list any special instructions: (e.g., mailing instructions or joint name on payments).

NOTE: Back pay awards are typically paid via a paper check mailed to the address of record for the finance number expensed. Alternative mailing arrangements are not available unless a settlement or decision specifically directs other mailing procedures, or the payment is for interest, non-wage income, or reimbursable expenses.

J. Signatures

Claimant's Name <i>(please print)</i>	Signature	Date <i>(MM/DD/YYYY)</i>	
Certifying Official's Name and Title <i>(please print)</i>	Signature	Date <i>(MM/DD/YYYY)</i>	
Certifying Official's Mailing Address <i>(Number, street, suite, etc, if different from USPS contact address on page 1)</i>	City	State	ZIP+4®
	Certifying Official's Telephone Number <i>(including area code and extension)</i>		
Final Approving Authority Name and Title <i>(please print)</i>	Signature	Date <i>(MM/DD/YYYY)</i>	

K. Privacy Act Statement

Your information will be used to process your back pay claim. Collection is authorized by 39 U.S.C. 401, 409, 410, 1001, 1003, 1004, 1005, and 1026; and 29 U.S.C. 2601 *et seq.* Providing this information is voluntary, but if not provided, we may not process your back pay claim.

We may only disclose your information as follows: in relevant legal proceedings; to law enforcement when the U.S. Postal Service (USPS) or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local, or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; to the Merit Systems Protection Board or Office of Special Counsel; 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.

L. Mailing Instructions

If this claim is (1) a pre-arbitration, agency, or pre-trial settlement with less than one pay period of hours adjustments (i.e., less than 80 hours), or (2) an agency, court, or arbitration decision with a lump sum payment of less than \$10,000 or with less than one pay period of hours adjustments:

Mail to: **Accounting Services**
Payroll Services – Pay Location 9631
2825 Lone Oak Parkway
Eagan MN 55121-9631

Otherwise mail to: **Accounting Services**
Financial Processing – Pay Location 9616
2825 Lone Oak Parkway
Eagan MN 55121-9616