

INSTRUCTIONS: An employee may receive 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 in the case of an uncontested personnel action; or (3) a United States Postal Service® approval of back pay in the case of an erroneous retirement determination.

If you have been authorized to receive back pay compensation by one of the methods shown above, before your back pay claim can be processed, you must:

- 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.

| A. Employee Identification | | | | |
|---|--------|--|------------------------------|--|
| Name (Last, First, MI) | | Address (Number, street, box, ste./apt. no.) | | |
| Claimant's EIN (Employee ID) | | City | | |
| State | ZIP+4® | Telephone No. (Include area code) | Current Position Title | Designation/Activity Code (DES/ACT) |
| 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: Outside employment is employment you obtained during the back pay period.

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, and if no outside employment was obtained for all or part of the back pay period, 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, 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, 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, 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.

2. Did you have earnings from outside employment during the back pay period?

Yes No

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.

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

Attach your employment/earnings statement.

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.

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.

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 | GROSS AMOUNT RECEIVED |
|--|---------------|-------------|-----------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

Attach your earnings statements.

6. Did you receive worker's 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 | GROSS AMOUNT RECEIVED |
|-----------------|---------------|-------------|-----------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

Attach documentation.

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

If YES, write in your Civil Service Annuity (CSA) retirement account number _____.
Identify the date(s) covered and amount(s) received.

| STARTING DATE | ENDING DATE | GROSS AMOUNT RECEIVED |
|---------------|-------------|-----------------------|
| | | \$ |
| | | \$ |
| | | \$ |

NOTE: The amount will be deducted automatically from the back pay award and transmitted to the Office of Personnel Management (OPM) to be applied to your indebtedness to the federal retirement system and restore the applicable retirement credits.

7b. Did you make a voluntary withdrawal of deposits made to your CSRS or FERS retirement account? Yes No

If YES, please indicate the amount withdrawn \$ _____.

NOTE: The amount will be deducted automatically from the back pay award and transmitted to the Office of Personnel Management (OPM) to be applied to your indebtedness to the federal retirement system and restore the applicable retirement credits.

Attach additional sheets if necessary.

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 |
|---------------|-------------|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

NOTE: You must submit PS Form 3971, *Request for or Notification of Absence*, to your supervisor or manager for any periods listed above.

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

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

Thrift Savings Plan – Questions 10a – 10c

10a. What was your employment status during the back pay period?

Terminated? Yes No

OR

Leave Without Pay (LWOP)? Yes No

OR

Denied Postal Service employment (you were not hired)? Yes No

If YES to "denied Postal Service employment": Contact the Human Resources Shared Services Center for assistance in completing and submitting the correct documentation.

10b. Do you want to participate in the Thrift Savings Plan (TSP) during the back pay period? Yes No

If YES, you must provide TSP-1 Forms for deductions for participation during the back pay period.

Note: The TSP-1 Forms cover only the back pay period. Upon your return to work you must access *PostalEASE* if you wish to participate in TSP and have contributions deducted from your current earnings.

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

10c. Did you make one or more Financial Hardship In-Service Withdrawals from your TSP account? Yes No

If NO, go to Question 11:

If YES:

How many Financial Hardship In-Service Withdrawals did you make? _____

What is your eligibility date to resume TSP contributions? _____

Note: Employees are excluded from making TSP contributions for six months (13 pay periods) after receiving a Financial Hardship In-Service Withdrawal. To determine your eligibility date, see the notice you received from the TSP at the time your most recent financial hardship in-service withdrawal was processed. For more information, contact the Human Resources Shared Services Center, or the TSP at 1-877-968-3778.

Attach Form(s) TSP-1 and/or Form(s) TSP-1c with the effective date as your eligibility date.

Flexible Spending Accounts – Question 11a - 11c

11a. Were you enrolled in the Flexible Spending Account (FSA) program prior to the back pay period? Yes No

11b. If the answer to 11a is Yes, did your FSA participation end because of reaching eight consecutive pay periods of LWOP or because of termination associated with the back pay? Yes No

11c. If you answered Yes to 11b, you have two options. Please select either one of the options below (but not both).

1. **Do nothing.** If you choose to do nothing, any outstanding invoice for FSA contributions applicable to the back pay period (up to eight consecutive full pay periods) will be adjusted and the amount deducted from your back pay award. You will be eligible for reimbursement from FSA for any qualified claims for expenses for eligible services or items you received through the ending date of FSA participation as it occurred during the back pay period.

Do you choose to do nothing? Yes No

2. You can choose to have your FSA participation restored up to the balance of the current Plan year, which ends on December 31 (or, if you subsequently separated from Postal Service employment, the FSA plan year ends the day after your separation). If you choose this option, *in addition to any outstanding invoice for FSA contributions applicable to the back pay period*, you will owe FSA contributions for the additional term of participation and can submit claims for reimbursement for eligible expenses you incurred through the last day of the current Plan year. (Beginning December 31, 2005, if you were an FSA participant on December 31 of each year you may also file claims for expenses for eligible services or items you received during the grace period for each plan year, which is the following January 1 through March 15.)

Do you want to restore your FSA participation for the balance of the Plan year? Yes No

Note: If you missed FSA Open Season enrollment during the back pay period and would like to begin participation now, please contact the Human Resources Shared Services Center.

12. 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.

\$ _____

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 *Employee and Labor Relations Manual (ELM)* 436.5, Life Insurance Coverage.

C. Privacy Act Statement

Your 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. 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 be able to 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.

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