CLAIM FORMAT

Administrative Claims for Annual Leave under Butterbaugh v. Department of Justice, 336 F.3d 1332 (Fed. Cir. 2003) Appropriated fund employees

NAME_____**SSN**_____**DATE**_____

NEW CLAIM_____**ADMENDED CLAIM**_____

CURRENT MAILING ADDRESS _____

SERVICING PAYROLL OFFICE AND MAILING ADDRESS_____

(To be completed only by claimants who are still employed by the Federal government outside of the Department of Defense, who were payrolled by DCPS during the claim period). A corrected SF 1150 will be sent to the current agency for credit to the restored leave account).

CURRENT/LAST PAYROLL OFFICE AND CURRENT/LAST EMPLOYING AGENCY

_____

(See attachment 3 for translation of the Payroll Office Identification (ID) Number (POIN) shown on your DFAS Leave and Earnings Statement)

MAIL TO: DFAS-Indianapolis, Civilian Payroll, 8899 East 56th Streeet, Indianapolis, Indiana, 46249-1900

REQUIRED INFORMATION FOR EACH PERIOD OF ACTIVE DUTY ORDERS OR OTHER RELEVANT DOCUMENTATION:

ACTIVE DUTY DATES FROM: _____TO:_____

ACTIVE DUTY DATES FROM: _____TO:_____

ACTIVE DUTY DATES FROM: _____TO:_____

REQUIRED SUPPORTING DOCUMENTATION (ATTACH TO CLAIM) – **Claimant must show that annual leave or LWOP was used in the performance of Reserve duties because the agency deducted military leave for non-workdays or intervening weekends.**

- A copy of the order to military active duty for a continuous period of active duty that includes a weekend or non-workday.
- A copy of the certificate of attendance for each period of active duty listed above.
- A copy of the applicable civilian work schedule (if it was not a standard Monday through Friday) for the period(s) of active duty listed above, showing non-workdays.
- A copy of the time and attendance record or the leave record showing the charges to annual leave or leave without pay.
- Any other relevant documentation, in the absence of the above.

ADDITIONAL INFORMATION (OPTIONAL)

- A copy of the leave and earnings statements that indicate charges to military leave which may include a weekend, non-workday or a charge to leave without pay.

I understand and accept that filing this administrative claim means the following: I have not filed a previous claim for the above periods nor have I received any other MSPB or agency settlement for these periods. I acknowledge that acceptance of restoration of leave or payment for leave based upon this administrative claim filed under these procedures will be a final settlement of all claims, no matter when they accrued, that I may have against the Government arising from military leave charged for non-workdays.

I further understand and accept that 1 day of restored annual leave will be given for each weekend day, non-workday, or day of leave without pay (LWOP) charged during my period of active duty performed. Any leave restored to my account must be used by the end of the leave year beginning within 2 years after the date of restoration or the leave will be forfeited, in accordance with 5 U.S.C. 6304(d)(1)(A) and 5 CFR 630.306.

SIGNATURE OF CLAIMANT_____**DATE SIGNED**_____

PRIVACY ACT STATEMENT: Authority for collection of this information is 5 U.S.C. Section 6311 and E.O. 9397. The purpose for which the information will be used is to administer and process your claim for leave restoration or payment. The information on this form may be disclosed as generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act, as amended. Providing this information is voluntary, however, failure to supply the required documentation may result in the denial of part or all of your claim.

Attachment 4

PAYROLL OFFICE IDENTIFICATION (ID) NUMBER (POIN)

97380600	Charleston Payroll Office
97380700	Charleston Payroll Office
97381000	Charleston Payroll Office
97381100	Charleston Payroll Office
97381400	Charleston Payroll Office
97381500	Charleston Payroll Office
97300800	Denver Payroll Office
97380100	Pensacola Payroll Office
97380500	Pensacola Payroll Office
97381200	Pensacola Payroll Office