



Employee Statement to Recover Back Pay

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.

Before your authorized 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.

Please read the Privacy Act Statement on page 4.

A. Employee Identification

1. Name (Last, First, MI)		2. Claimant Address (Number, Street, Box, Ste./Apt. No., City, State, Zip+4)	
3. Designation/Activity Code (DES/Act)	4. Claimant EIN (Employee ID)		
5. Current Position Title		6. Claimant Telephone Number (Include area code)	
7. Employing Office Finance Number		8. Employing Office Telephone Number (Include area code)	
9a. USPS® Labor Relations or Human Resources Contact		9b. USPS Contact Telephone Number (Include area code)	

B. Statement Questions

Back Pay Period: From (MM/DD/YYYY)	Back Pay Period: To (MM/DD/YYYY)
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Employment – Questions 1 – 5

1a. Were you ready, willing and able to work during the entire Back Pay period?

☐ NO (Provide explanation of your inability to work on the lines below and then proceed to question 1b.)

☐ YES (Proceed to question 2a.)

1b. Do you want to use earned annual leave or sick leave for the periods when you were not able to perform the Postal Service job?

☐ NO (Proceed to question 2a.)

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.

☐ YES (Complete TABLE A below and then proceed to question 2a.)

TABLE A: Substituted Leave

- You will receive compensation for these periods if you have sufficient leave balance(s).
- Identify the dates(s) and type of credited leave to be substituted. **Note:** You must submit PS Form 3971, *Request for or Notification of Absence*, to your supervisor or manager for any periods listed below.

Starting Date (MM/DD/YYYY)	Ending Date (MM/DD/YYYY)	Type of Credited (Earned) Leave

2a. Did you seek outside employment during the Back Pay period?

☐ NO (Proceed to question 3.)

☐ YES (If YES, but no outside employment was obtained for all or part of the Back Pay period, you must furnish the information required below in 2b or 2c based on the type of personnel action and the length of the Back Pay period.)

2b. 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 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.
- (2) If the Back Pay period is 6 months or more, you must provide additional, 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. Provide the following information for each employer with which you made contact:
 - (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.

2c. 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 2b(2), above, for **ALL** parts of the Back Pay period during which other employment was not obtained.

NOTE: Outside employment is employment you sought and/or 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).

3. Did you have earnings from outside employment during the Back Pay period?

- ☐ NO (Proceed to question 4a.)
- ☐ YES (You must attach an *employment/earnings* 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. (This refers to new employment, not a previously held job.)

4a. Did you have any earnings from secondary employment during the Back Pay period?

- ☐ NO (Proceed to question 5.)
- ☐ YES (You must attach an *employment/earnings* statement from each of your employers showing the hours you worked and your **gross** earnings for the 6-month period before the beginning of the Back Pay period as well as for the Back Pay period. Then proceed to question 4b.)

NOTE: Secondary employment is employment that you had while working for the Postal Service just before the Back Pay period and that would not have ended even if you had continued working for the Postal Service.

4b. Were the work hours of your secondary employment increased during this period? ☐ NO ☐ YES

5. Were you self-employed during the Back Pay period?

- ☐ NO
- ☐ YES You must attach the following to this form:
1. 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.
 2. If such employment existed before the Back Pay period, your *employment/earnings statements* for the 6-month period before the beginning of the Back Pay period.

Compensation from Other Sources — Questions 6–8

6. Did you receive unemployment compensation during the Back Pay period? ☐ NO ☐ YES

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

STATE FROM WHICH COMPENSATION WAS RECEIVED	STARTING DATE (MM/DD/YYYY)	ENDING DATE (MM/DD/YYYY)	GROSS AMOUNT RECEIVED
			\$
			\$

7. Did you receive workers' compensation for any time during the Back Pay period? ☐ NO ☐ YES

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

FULL OR PARTIAL	STARTING DATE (MM/DD/YYYY)	ENDING DATE (MM/DD/YYYY)	GROSS AMOUNT RECEIVED
			\$
			\$

8a. Did you receive any annuity payments from the federal government during the Back Pay period?

☐ NO ☐ YES

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

STARTING DATE (MM/DD/YYYY)	ENDING DATE (MM/DD/YYYY)	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.

8b. Did you make a voluntary withdrawal of deposits made to your CSRS or FERS retirement account (does not include Thrift Savings Plan (TSP) withdrawals)?

☐ NO ☐ YES

If YES, please indicate the amount withdrawn \$ _____

NOTE: To the extent possible, the withdrawn amount will be deducted automatically from the Back Pay award and transmitted to OPM to be applied to your indebtedness to the federal retirement system and restore the applicable retirement credits.

Health Insurance Benefits — Question 9

9. What is your choice regarding Health Benefits coverage during the Back Pay period? Select ONLY ONE option in the list below.

- ☐ No Coverage Elected.
- ☐ Continue current enrollment; my Health Benefits were never terminated.
- ☐ Reinstate your prior enrollment, retroactive to the date it was terminated.
- ☐ Enroll in a new plan or option.

Thrift Savings Plan (TSP) — Question 10

10. Do you want to participate in the TSP during the Back Pay period?

☐ NO

If No, and you were participating in TSP at the beginning of your Back Pay period and do not wish to participate during the Back Pay period, you must submit a TSP-1 Form to stop contributions. The effective date must be the first day of the Pay Period of the Back Pay time period if after Pay Period 13/2005. If the Pay Period that corresponds to the start of the Back Pay time frame is 13/2005 or prior, then it must be the first day of the first Open Season available during the Back Pay period.

☐ YES

If Yes, the TSP participation in force during your Back Pay period will be reinstated automatically, unless you had a Financial Hardship In-Service Withdrawal(s), or wish to change the percentage or dollar amount contributed, in which case a separate TSP-1 Form is needed for the effective begin date of such change(s). If you were not enrolled in TSP and wish to participate during the Back Pay period, please provide a TSP-1 Form with an effective date for the first day of the Pay Period of the start of the Back Pay time frame if after Pay Period 13/2005. If the Pay Period corresponding to the start of the Back Pay time frame is 13/2005 or prior, then it must be the first day of the first Open Season available during the Back Pay period.

NOTE: The TSP-1 Forms submitted with the Back Pay claim, cover only the Back Pay period. Upon your return to work, to ensure that your current enrollment elections are correct, you must access PostalEASE and update your TSP enrollment to start, change or stop having contributions deducted from your current earnings.

Attach Form(s) TSP-1 (Election Form) and/or Form(s) TSP-1-C (Catch-Up Contribution Election for Age 50+).

Regarding "Financial Hardship In-Service Withdrawal" from TSP:

Employees are excluded from making TSP contributions for six months after receiving a Financial Hardship In-Service Withdrawal. For more information, contact the Human Resources Shared Service Center (HRSSC) or the TSP at 877-968-3778.

Postal Service Indebtedness — Question 11

11. Do you have any outstanding indebtedness to the Postal Service that you want deducted from your Back Pay award?

☐ NO

☐ YES

If YES, please indicate the amount to apply towards the invoice(s) and the invoice(s) number you would like deducted from your final award.

\$ _____ Amount to apply to Invoice # _____

\$ _____ Amount to apply to Invoice # _____

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 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. For additional information regarding our privacy policies, visit www.usps.com/privacypolicy.

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 U.S.C. 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 U.S.C. 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. 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 _____