

**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.

See *Employee and Labor Relations Manual (ELM) 436* and the current management instruction, found on PolicyNet under "Management Instructions", for Back Pay policies and procedures.

The claimant, the Postal Service certifying official 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.*

Please read the Privacy Act Statement on page 7.

## A. Claimant Identification

1. Claimant Name (Last, First, MI)		
2. Designation/Activity Code (DES/ACT)	3. Claimant EIN (Employee ID)	4. Employing Office Telephone Number (including area code and extension)
5. USPS® Contact Name (Last, First, MI)	8038 Ref: Section A	6. USPS Contact Office Mailing Address (Number, Street, Box, Ste./Apt. No., City, State, Zip+4®)
7. USPS Contact Telephone Number (Include area code and extension) 8038 Ref: Section A		

## B. Claim Information

1. Does this settlement or decision constitute, or include, a lump sum payment?  
 No  Yes  
 If yes, use PS Form 8041, *Pre-Arbitration or Agency Settlement Worksheet*, to submit the request for each lump sum payment that cannot be made using GATS.

2. Claim Category (Check One) <input type="checkbox"/> Contested Personnel Action (if checked, select one of the following three options): <input type="checkbox"/> Settlement <input type="checkbox"/> Decision <input type="checkbox"/> Rescission <input type="checkbox"/> OPM (Erroneous Retirement Determination) <input type="checkbox"/> Other (specify): _____	3. Forum of Settlement or Decision (Check one) <input type="checkbox"/> Grievance <input type="checkbox"/> Pre-arbitration <input type="checkbox"/> Pre-trial <input type="checkbox"/> EEOC <input type="checkbox"/> Arbitration <input type="checkbox"/> Court <input type="checkbox"/> MSPB <input type="checkbox"/> Other (specify): _____
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4. Back Pay Period: <b>From</b> (MM/DD/YYYY)	5. Back Pay Period: <b>To</b> (MM/DD/YYYY)	6. Finance Number to Be Charged	8. Date of Settlement, Decision, Ruling or Erroneous Retirement Determination (MM/DD/YYYY)
		7. Grievance or Case Number	

9. Was the claimant ready, willing and able to work during the entire Back Pay period? 8038 Ref: Section B (1a)  
 No (Proceed to Item 10.)  
 Yes (Proceed to Section C.)

10. How are the time periods when the claimant was not ready, willing and able to work to be handled? (Select all that apply) 8038 Ref: Section B (1b)

Claimant chooses to use earned annual leave or sick leave for the periods when the claimant was not able to perform the Postal Service job. **COMPLETE TABLE A.**

Disallow payment for specific dates during the Back Pay period. **COMPLETE TABLE B.**

**TABLE A: Substituted Leave** (Claimant will receive compensation for these periods if they have sufficient leave balance(s).) Identify the date(s) and type of credited leave to be substituted. (The use of leave listed in this section should match the claimant's intentions as indicated on PS Form 8038, Section 1b and the number of hours listed to be paid on this form in Section G, Work Schedule.)

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

**TABLE B: Disallowed Time\*** (Claimant will not receive compensation from the USPS for the periods listed below.)

Starting Date (MM/DD/YYYY)	Ending Date (MM/DD/YYYY)

\*Disallowed time should include time during the Back Pay period when the claimant was unable to work but claimant is choosing not to use their leave.

References: ELM 510 and ELM 436.2.

**C. Compensation from the Postal Service and Other Sources**

The following compensation items listed in this section and received by the claimant during the Back Pay period are POTENTIAL offsets to the Back Pay payment that will be calculated for the claimant.

Do not send the supporting documentation for outside employment, secondary employment, self-employment, OWCP or unemployment to Egan; those files should be kept with the case file at the local or district office.

1a. Was the claimant notified to seek outside employment in accordance with ELM 436?  
 No  Yes

1b. Did the claimant obtain **outside employment\*** or have increased earnings from **secondary** or **self-employment** during the Back Pay period?  
 No (Proceed to 1c.) 8038 Ref: Section B (3, 4a, 4b, 5)  
 Yes (Complete the table below and proceed to 2a.)

**TABLE 1b**

Source	Date From (MM/DD/YYYY)	Date To (MM/DD/YYYY)	GROSS Amount Received \$
Outside Employment*			
> Secondary Empm't See 2a and 2b below			
Self-Employment: See 3a and 3b below			

**Note:** Claim processing requires **GROSS** dollars for the correct calculation of the payment to the claimant.

**Do not include dates or monies outside the Back Pay time frame.**

\*Outside employment is employment the claimant sought and/or obtained during the Back Pay period.

1c. Documentation of the claimant's efforts to seek employment during the Back Pay period has been reviewed and found adequate to comply with ELM 436. (Check one.)  
 No (Proceed to 1d.)  Yes (Proceed to 4.)

1d. If the answer to outside employment in (1c) is "No", the claimant may be denied Back Pay compensation, subject to the provisions of the ELM 436.2.

**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).

Please list any period(s) of time to be disallowed from the Back Pay award for Failure to Seek Outside Employment in the table below.

Starting Date (MM/DD/YYYY)	Ending Date (MM/DD/YYYY)

2a. Did the claimant have **secondary employment** during the Back Pay period?  
8038 Ref: Section B (4a)

No  Yes

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

When completing this field, verify and use the information provided by the claimant on PS Form 8038, Section B(4a), when the case requires submission of that form.

2b. If yes, did work hours of **secondary employment** increase during the Back Pay period?  
8038 Ref: Section B (4b)

No  Yes (Complete calculation below.)

During Back Pay period:

\$\_\_\_\_\_ (Total Gross) / \_\_\_\_\_ number of weeks

= \$\_\_\_\_\_ Avg Gross per week during the BP period (= "AA")

During 6 months before Back Pay period

\$\_\_\_\_\_ (6 months Gross) / 26 weeks

= \$\_\_\_\_\_ Avg Gross per week before the BP period (= "BB")

AA - BB = \$\_\_\_\_\_ (Never indicate less than \$0.00.)

This represents the increased earnings/week (Gross dollars) during the BP period:

**The resulting total (Increased earnings X No. of weeks during the Back Pay) should be listed on the line for "Secondary Employment" in TABLE 1b (above), in the field labeled "Gross Amount Received \$".**

The reported increase in wages over and above the comparison period (previous six-month period) will be used to reduce the Back Pay award using comparable time increments.

3a. Was the claimant **self-employed** during the Back Pay period?  
8038 Ref: Section B(5)

No  Yes

When completing this field, verify and use the information provided by the claimant on PS Form 8038, Section B(5), when the case requires submission of that form.

3b. If claimant was **self-employed**, report the earnings from self-employment during the Back Pay period.

If self-employed before the Back Pay period, report the difference between what was earned in the 6 month period before the Back Pay period and what was earned during the Back Pay period.

During Back Pay period:

\$ \_\_\_\_\_ (Total Gross) / \_\_\_\_\_ number of weeks  
 = \$ \_\_\_\_\_ Avg Gross per week during the BP period  
 (= "AA")

If applicable:

During 6 months before Back Pay period (if self-employed during this time)

\$ \_\_\_\_\_ (6 months Gross) / 26 weeks  
 = \$ \_\_\_\_\_ Avg Gross per week before the BP period  
 (= "BB")

AA - BB = \$ \_\_\_\_\_ (Never indicate less than \$0.00.)

This represents the increased earnings / week (Gross dollars) during the BP period:

**The resulting total (Increased earnings X No. of weeks during the Back Pay) should be listed on the line for "Self Employment" in TABLE 1b (above), in the field labeled "Gross Amount Received \$".**

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

**Note for 2b and 3b: Comparison Periods for Secondary and/or Self-employment:** The six-month period before the Back Pay period is to be used to establish an average that was earned in secondary and/or self-employment. That average can then be used for comparison purposes. If the period of secondary and/or self-employment is for a shorter time-period, use the earnings of that period as the average instead of the suggested 6-month period. Comparisons must be made to like time frames. (For example if the Back Pay period is 18 months, a proper comparison would be to the six month secondary and/or self-employment amount, times three. Or, if the period of secondary and/or self-employment was only 3 months, multiply the earnings times 6 to equal 18 months.) If the result of the comparison results is a negative amount, report \$0 for the increased earnings, in Table 1b, "GROSS Amount Received \$ (dollars)" field.

4. Did the claimant receive **unemployment compensation** during the Back Pay period? 8038 Ref: Section B (6)

- No  
 Yes: If yes, which State? \_\_\_\_\_

(If yes, list date(s) verified by **state employment security agency** and **GROSS** amount received in the table below.)

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

**Do not include dates or monies outside the Back Pay time frame.**

5. Did the claimant receive **workers' compensation** during the Back Pay period? 8038 Ref: Section B (7)

- No  
 Yes: If yes, list date(s) verified by **US Department of Labor** and **GROSS** amount received in the table below. **Health & Resource Management (District Office)** can assist with obtaining this information.

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

**Do not include dates or monies outside the Back Pay time frame.**

**Note:** If OWCP compensation during the Back Pay period is consecutive, you may combine periods of compensation into one entry for purposes of processing by Payroll. If the space above is insufficient, attach additional sheet(s).

**6. Retirement**

6a. Did the claimant receive any annuity payments from the federal government during the Back Pay period? 8038 Ref: Section B (8a)

- No  
 Yes  
 If yes, please enter the claimant's Civil Service Annuity (CSA) retirement account number: \_\_\_\_\_

Enter the amount received in the table below:

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

**Note:** The above amount 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.

6b. Did the claimant make a voluntary withdrawal of retirement funds, either CSRS or FERS? 8038 Ref: Section B (8b)

**This is not referring to claimant's TSP account.**

- No  
 Yes: Amount \$ \_\_\_\_\_

**Note:** To the extent possible, the above amount will be deducted automatically from the Back Pay award and electronically transmitted to OPM to satisfy the claimant's indebtedness and restore applicable retirement credit.

**7. Leave**

- Full Leave credit.  
 Special Instructions for Leave credit:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Notes:**

- Unless specifically addressed in the settlement or decision,
- A claimant who receives Back Pay via direct calculation of pay (based on hours, not a lump sum payment), is typically credited with full leave benefits up to the maximum allowable carry-over, as would have accrued had they been an active employee in pay status during the Back Pay period.

Leave Notes continued on Page 4 of 7.

**Notes continued:**

- A claimant who receives a *lump sum payment*, typically does not have leave benefits credited for the Back Pay period.
- If any annual and/or sick leave was used (and paid to the claimant) during the Back Pay period and is now to be restored to the claimant, those hours should be listed in Section I, Special Instructions. Any such time periods (previously paid by leave hours) have already been paid once, and should not be listed in Section G to be paid again.
- If the claimant was previously separated and:
  - Received a Terminal Leave payment based on that

separation action, processing of the Back Pay case may result in a monetary offset to the Back Pay award for the previous Terminal Leave payment, with a corresponding restoral of the Annual Leave.

- Received an invoice for Overdrawn Annual Leave (ODAL), that invoice may be reduced or canceled in its entirety based on the provisions of the Back Pay award.
- Had an overdrawn Annual Leave balance which reduced the claimant's final wages, that compensation may be returned as part of the Back Pay award.

**D. Benefit Elections**

**1. Health Insurance**

8038 Ref: Section B (9)

- No Coverage elected
- Continued Enrollment (Never Terminated)
- Reinstatement (Retroactive)
- New Enrollment (*Complete box to the right.*)

For new enrollment, indicate the Plan and Effective Date below.

Plan Code: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**2. Thrift Savings Plan**

8038 Ref: Section B (10)

- No Participation
- Retroactive Reinstatement

Contribution Rate (%) \_\_\_\_\_ or \$ \_\_\_\_\_ per pay period

Effective Date: \_\_\_\_\_

**Note:** If No Participation is chosen, and the claimant was participating in TSP at the beginning of the Back Pay period and wishes not to participate, the claimant must submit a TSP-1 Form to stop contributions. Again the effective date must be the first day of the Pay Period of the Back Pay if after Pay Period 13/2005. If Pay Period 13/2005 or prior, then it must be the first day of the first Open Season available during the Back Pay period.

If Retroactive Reinstatement is chosen, the TSP participation in force during the Back Pay period will be reinstated automatically, unless the claimant had a Financial Hardship In-Service Withdrawal(s), or wishes 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 the claimant was not enrolled in TSP and wishes 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 Back Pay if after Pay Period 13/2005. If Pay Period 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 return to work the claimant must access *PostalEASE* if the claimant wishes to participate in TSP and have contributions deducted from current earnings or to stop contributions.

If the claimant wishes to participate in TSP Catch-Up, a TSP-1C is required for each relevant calendar year.

**3. 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 ELM 436.5, Life Insurance Coverage.

**E. Outstanding USPS Indebtedness**

Claimant has requested deductions from the final Back Pay award be applied to the invoices listed below, in the stated amounts:

8038 Ref: Section B (12)

\$ \_\_\_\_\_ Amount to apply to Invoice # \_\_\_\_\_

\$ \_\_\_\_\_ Amount to apply to Invoice # \_\_\_\_\_

**F. Salary Progression**

Has the Salary History been reviewed for any corrections required by the Back Pay award and have any needed corrections been completed by HRSSC? (Step deferment reversals, Step increases, Last Day In Pay Status, Job placement, etc.)

- No: If No, please submit all requests for correction to HRSSC along with a copy of the settlement/decision, before submitting the Back Pay case to Eagan.
- Yes

**Note:** Eagan cannot process the Back Pay case unless HRSSC has completed all needed corrections.

**G. Work Schedule**

**Week 1 Scheduled Days**

**Week 2 Scheduled Days**

Saturday BT\_\_\_\_\_ ET\_\_\_\_\_

Saturday BT\_\_\_\_\_ ET\_\_\_\_\_

**For Rural Carriers**

Sunday BT\_\_\_\_\_ ET\_\_\_\_\_

Sunday BT\_\_\_\_\_ ET\_\_\_\_\_

Evaluated Weekly Hours:\_\_\_\_\_

Monday BT\_\_\_\_\_ ET\_\_\_\_\_

Monday BT\_\_\_\_\_ ET\_\_\_\_\_

Tuesday BT\_\_\_\_\_ ET\_\_\_\_\_

Tuesday BT\_\_\_\_\_ ET\_\_\_\_\_

Wednesday BT\_\_\_\_\_ ET\_\_\_\_\_

Wednesday BT\_\_\_\_\_ ET\_\_\_\_\_

Thursday BT\_\_\_\_\_ ET\_\_\_\_\_

Thursday BT\_\_\_\_\_ ET\_\_\_\_\_

Friday BT\_\_\_\_\_ ET\_\_\_\_\_

Friday BT\_\_\_\_\_ ET\_\_\_\_\_

Length of Lunch period:\_\_\_\_\_ (minutes)

**Instructions:** In the chart below, complete a tabulation of the number and type of pay hours that the claimant should be paid for the Back Pay period.

Record **ONLY the additional hours** that should be paid to satisfy the Back Pay award. Do NOT include any hours that have previously been paid to the claimant.

**For claimants with flexible work schedules:**

- (1) If the claimant was on the rolls, the hours to be provided in the table below should represent all of the claimant's paid hours for the 13 pay periods before the Back Pay period. If an employee did not work 13 pay periods before the Back Pay period, list as many pay periods as are available. The claimant will be paid the *difference* between the averages of the hours listed on this page and any hours for which the claimant has already been paid.
- (2) If the claimant was not on the rolls, use the hours worked by three similar employees to calculate the average hours to be paid to the claimant.

Year	PP	Week	Work (Base) Hours (52)	Night Work Differential (54)	Overtime (53)	Sunday Premium (72)	Penalty Overtime (43)	Holiday Work (57)	Holiday Leave (58)	Annual Leave (55)	Sick Leave (56)	Other (Please specify)
		1										
		2										
		1										
		2										
		1										
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**H. Interest**

Is interest expressly awarded in the settlement?  
 No     Yes

**Note:** Interest is computed after the claim has been processed and is paid by a separate check.

## 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 and sent to the *mailing address for checks* that is on record for the employee's current finance number. 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.

**Leave:** If the award is paid as direct calculation (hours based), Eagan will automatically credit the claimant with the earned annual leave and sick leave to which they are entitled per provisions of the ELM (512.3 and 513.2). If any annual and/or sick leave used during the Back Pay period is to be restored to the claimant, please list those hours in the space provided below. (Example: "Restore \_\_\_\_\_ hours \_\_\_\_\_ (AL or SL) for PP \_\_\_ WK\_\_\_.") Because these hours have already been paid, they should not be listed in Section G.

## J. Signatures

1a. Claimant Name (please print)	1b. Claimant Signature	1c. Date (MM/DD/YYYY)	
2a. Back Pay Coordinator <input type="checkbox"/> or their Delegate <input type="checkbox"/> Name and Title (please print)	2b. Back Pay Coordinator or Delegate Signature		2c. Date (MM/DD/YYYY)
2d. Back Pay Coordinator or Delegate Mailing Address (Number, street, suite, etc., if different from USPS contact address on page 1)	2e. City	2f. State	2g. ZIP+4
	2h. Back Pay Coordinator or Delegate Telephone Number (including area code and extension)		
3a. District HR Manager <input type="checkbox"/> or their Delegate <input type="checkbox"/> Name and Title (please print)	3b. District HR Manager or Delegate Signature		3c. Date (MM/DD/YYYY)

## 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. For additional information regarding our privacy policies, visit [www.usps.com/privacypolicy](http://www.usps.com/privacypolicy).

## L. Mailing Instructions

Mail to:

Accounting Services  
Financial Processing — Pay Location 9616  
2825 Lone Oak Pkwy  
Eagan MN 55121-9616