

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** _____

CURRENT MAILING ADDRESS (former employees only) _____

SERVICING PAYROLL OFFICE AND MAILING ADDRESS _____

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

DFAS PAYROLL OFFICE (Specify Charleston, Pensacola, or Denver) _____

MAIL TO: PO Box 33717, Pensacola FL, 21508-3717 (See attachment 1 for translation of the Payroll Office Identification (ID) Number (POIN) shown on your Leave and Earnings Statement to your servicing payroll office)

REQUIRED INFORMATION FOR EACH PERIOD OF ACTIVE DUTY ORDERS:

ACTIVE DUTY DATES FROM: _____ TO: _____

ACTIVE DUTY DATES FROM: _____ TO: _____

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REQUIRED SUPPORTING DOCUMENTATION (ATTACH TO CLAIM) – Claimant’s 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 my order to military active duty for a continuous period of active duty that includes a weekend or nonworkday.
- A copy of my certificate of attendance for each period of active duty listed above.
- A copy of my applicable civilian work schedule (if it was not a standard Monday through Friday) for the period(s) of active duty listed above, showing nonworkdays.

ADDITIONAL INFORMATION (OPTIONAL)

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

I understand and accept that filing this administrative claim means the following: All administrative claims against the Government must be received by the agency within 6 years after the claim accrues, under 31 U.S.C. §3702. Only leave amounts that accrued within the 6 years preceding the filing of the claim with the Government may be restored or paid for under these procedures. Restoration of leave or alternatively payment of an 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 nonworkdays.

I further understand and accept that 1 day of restored annual leave will be given for each weekend day, nonworkday, or leave without pay (LWOP) charged during my continuous period of active duty. If the audit indicates no charges to annual leave or LWOP were made, then there is no entitlement to payment or restored annual leave. Current employee will receive restored annual leave for any erroneous changes of leave or LWOP; former employees will receive payment for erroneous changes of leave or LWOP. 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** _____

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