

**CLAIM FORM FOR REMEDIAL PAYMENT FROM
FORMER AIR FORCE (AF) NONAPPROPRIATED FUND (NAF) EMPLOYEES**

This claim form is to be completed by claimants who are requesting payment for past periods of AF NAF employment for service at MACDILL Air Force Base (AFB) for non-application of pertinent NAF Pay wage schedules issued by Defense Civilian Personnel Advisory Service. Address of NAF-Human Resources Section is 8011 TAMPA POINT BLVD., MACDILL AFB, FL 33621.

This form is used for claims seeking remedial payment earned between **16 MARCH 2014** and **1 JUNE 2015**. 5 U.S.C. §5596 limits retroactive payment to the six-year period prior to receipt of a timely appeal or the date of an administrative determination that payments were improperly reduced or withheld. Claims "accrued" on 1 June 2015, the date of the administrative determination. Based on this accrual date, claims for retro-pay between **16 MARCH 2014** and **1 JUNE 2015 must be received not later than 1 JUNE 2021**.

ELIGIBILITY: Employees must be an employee who was assigned to MACDILL AFB and worked during the prescribed period. AF NAF employees may be Regular or Flexible category in NF-I and NF-II pay bands.

SUPPORTING DOCUMENTATION THAT MUST ACCOMPANY THIS CLAIM FORM: Claimant must establish by a preponderance of the evidence their eligibility for a remedial payment for the period of time covered by this claim. You must establish that (1) you worked during the claims period and (2) you did not receive an appropriate amount of pay. The documentation may include, but is not limited to:

- AF Form 2545, NAFI Notification of Personnel Action
- Bi-weekly work schedules
- Time and Attendance records
- Any other documentation such as employee affidavits or supervisory records that establish you performed work during the period claimed

EMPLOYEE NAME _____ SSN _____

MAILING ADDRESS _____

EMAIL ADDRESS _____ PHONE _____

DATE OF HIRE _____ DATE OF SEPARATION/RETIREMENT _____

POSITION TITLE _____ NAF PP/SERIES/GRADE _____

PERIODS OF EMPLOYMENT FOR WHICH CLAIMING PAYMENT

FROM _____ TO _____

CERTIFICATION: I understand and certify that filing this administrative claim means I have not filed a previous claim for the period of employment described above, nor have I received prescribed payment for that period of employment. I acknowledge that acceptance of remedial payment resulting from a claim filed under these procedures will be a final settlement of all claims against this AF NAF employer for pay earned during the period of time covered by this claim, that I may have against the Government arising for nonpayment of proper wage schedule adjustment by this AF NAF employer.

I certify that to the best of my knowledge and belief, all the information on and attached to this application is true, correct, complete, and made in good faith. I understand that any knowingly false or fraudulent information on or attached to this application may be punished under any relevant administrative, civil or criminal process.

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 back pay. 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.