

# Attachment A – CSRS and FERS Development Checklist and Log

## FERS Development Checklist

Misc:	Yes	No	NA					
FERS Deferred? If 10 or more years of service – refer to LAS								
Checked <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>ARPS</td> <td>Service Credit</td> <td>AQS (OWCP)</td> <td>NATS</td> <td>DCCS</td> </tr> </table>	ARPS	Service Credit	AQS (OWCP)	NATS	DCCS			
ARPS	Service Credit	AQS (OWCP)	NATS	DCCS				
Close out U#s, indicate with red 'C' on the U #								
Discontinued service 1510 and notice								
Early out authority number								
Agency certification for ATC, LEO, firefighter, nuclear material courier, CBPO 535								
ATC: retirement SF50								
VA nurse code VN 0610, 0605 and all VA physician: USL expiration date								
Unused Sick Leave								
Frozen CSRS Sick Leave								

Service:	Yes	No	NA
Complete IRRs for covered service			
FICA earnings or pay rates including EO adjustments			
FICA earnings when required (all postal 3 months or more)			
Intermittent/WAE hours or days worked			
Part-time tour or hours worked			
5 years congressional service or court ordered award (to DC)			

HBs & FEGLI:	Yes	No	NA
Proof of 5 years - HB			
HB waiver of 5 years for DSR or Early Out			
Correct HB code on label			
Print G mat if HB change done			
Proof of 5 years - LI			
Required signatures on 2821, 2818, desis			
2821, 2818, completed accurately			

Application:	Yes	No	NA
Required signatures on 3107, 3107-2			
Annuitant election and spousal consent agree			
Spousal consent signed & notarized on the same date			
Former spouse with court awarded benefit			

Military:	Yes	No	NA
DD214s noting character of service or military orders			
P56 deposit IRR paid in full			
MRP clarified			

Screener Signature:	Date:
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FERS Development Log for \_\_\_\_\_ SSN \_\_\_\_\_  
 CSA # \_\_\_\_\_ Payroll # \_\_\_\_\_ Date \_\_\_\_\_  
 Agency \_\_\_\_\_ Submitting Office # \_\_\_\_\_

<b>ISSUES REQUIRING DEVELOPMENT</b>		Resolved?
Use separate line for each matter requiring development		Yes
1.		
2.		
3.		
<b>DEVELOPMENT STEPS TAKEN</b>		
Use corresponding block number to document steps taken to develop case		
1. Contacted:	At:	(phone # or email)
Info/documents requested:		Date:
Follow-up date(s):		DCCS HOLD CODES
2. Contacted:	At:	(phone # or email)
Info/documents requested:		Date:
Follow-up date(s):		DCCS HOLD CODES
3. Contacted:	At:	(phone # or email)
Info/documents requested:		Date:
Follow-up date(s):		DCCS HOLD CODES

# CSRS Development Checklist

## Misc:

Yes No NA

Checked	ARPS	Service Credit	AQS (OWCP)	NATS	DCCS		Yes	No	NA
Close out U#, indicate with red 'C' on the U #									
Discontinued service 1510 and notice									
Early out authority number									
Agency certification for ATC, LEO, firefighter, nuclear material courier, CBPO 535									
VA nurse code VN 0610, 0605 and all VA physician: USL expiration date									
Unused Sick Leave									

## Service:

Yes No NA

Complete IRRs for covered service			
FICA earnings or pay rates including EO adjustments			
FICA earnings when required (all sub rural carrier service, postal service 5 yrs or more)			
Intermittent/WAE hours or days worked			
Part-time tour or hours worked			
5 years congressional service or court ordered award (to DC)			

## Offset cases:

Yes No NA

HBPC breakdown for offset service beginning with cy 2004			
2.H entered			
Offset amount received for offset cases age 62 or older			

## HBs & FEGLI:

Yes No NA

Proof of 5 years - HB			
HB waiver of 5 years for DSR or Early Out			
Correct HB code on label			
Print G mat if HB change done			
Proof of 5 years - LI			
Required signatures on 2821, 2818, desis			
2821, 2818, completed accurately			

## Application:

Yes No NA

Required signatures on 2801, 2801-2			
Annuitant election and spousal consent agree			
Spousal consent signed & notarized on the same date			
Former spouse with court awarded benefit			

## Military:

Yes No NA

DD214s noting character of service or military orders			
P56 deposit IRR paid in full			
SSA verification if P56 not paid and within 3 months of age 62 or older			
MRP clarified			

Screener Signature:	Date:
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CSRS Development Log for \_\_\_\_\_ SSN \_\_\_\_\_

CSA # \_\_\_\_\_ Payroll # \_\_\_\_\_ Date \_\_\_\_\_

Agency \_\_\_\_\_ Submitting Office # \_\_\_\_\_

<b>ISSUES REQUIRING DEVELOPMENT</b>		Resolved?
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Follow-up date(s):		DCCS HOLD CODES
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Follow-up date(s):		DCCS HOLD CODES
3. Contacted: Info/documents requested:	At:	(phone # or email) Date:
Follow-up date(s):		DCCS HOLD CODES