

Administrative Claims Application Sunday Premium Remedial Pay

INSTRUCTIONS:

1. Complete ALL required information (notated with an asterisk *).
2. Attach documentation to support your claim. Documentation must establish you worked on a Sunday during the claim period. Acceptable forms of documentation can include, but are not limited to:
 - Bi-weekly work schedules,
 - Time and attendance records,
 - Personally maintained logs (i.e. personal calendars or notes), or
 - Other documentation, such as supervisory records, which indicate that the associate was engaged in regularly scheduled part-time Sunday work during the claim period.
3. Sign completed claims application and submit along with required supporting documentation to one of the following:

Mail: HQ AAFES
ATTN: Sunday Premium Claims (HR-P)
P.O. Box 660202
Dallas, TX 75266-0202

Email: SundayPremiumClaims@aafes.com

EMPLOYEE DATA (* required)

*LAST NAME: _____ Suffix _____

*FIRST NAME: _____ M.I. _____

*Social Security Number: _____ **OR** TSS ID (Y-Number): _____

CONTACT INFORMATION (* required)

*Preferred Method (circle one): EMAIL or MAIL

EMAIL ADDRESS _____ PHONE NUMBER: _____

*MAILING ADDRESS

Address Line 1 _____

Address Line 2 _____

City _____ State/Country: _____ Postal Code: _____

AUTHORITY: 10 U.S.C. 3013 and 8013; 5 U.S.C. 2105; AR 215-8/AFI34-211(I), EOP 15-01, AAFES 0703.07

PRINCIPAL PURPOSE(s): To enable AAFES personnel and/or former personnel to submit claim for Sunday premium back-pay.

ROUTINE USE(S): To administer claims for Sunday Premium Back-pay; The "Blanket Routine Uses" set forth at the beginning of the Army's Compilation of Systems of Record Notices also applies to this system.

DISCLOSURE: Voluntary. However, failure to provide all the requested information may result in the denial of part or all of your claim.

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*For Employee Name: _____ (Enter Full Legal Name)

LOG OF SUNDAY DATES & TIMES CLAIMED:

DATE of the Sunday WORKED <i>(DD MMM YYYY)</i>	SHIFT START TIME <i>(HHMM)</i>	SHIFT END TIME <i>(HHMM)</i>	--DO NOT COMPLETE-- INTERNAL USE ONLY	
			Shift Worked <i>(1st, 2nd, 3rd)</i>	Total Hours Claimed

-If more lines are needed, please make additional duplications of this page.

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***For Employee Name:** _____ (Enter Full Legal Name)

CERTIFICATION and SIGNATURE:

18 USCS § 287 False, fictitious or fraudulent claims

Whoever makes or presents to any person or officer in the civil, military, or naval service of the United States, or to any department or agency thereof, any claim upon or against the United States, or any department or agency thereof, knowing such claim to be false, fictitious, or fraudulent, shall be imprisoned not more than five years and shall be subject to a fine in the amount provided in this title.

18 USC § 1001. Statements or entries generally

(a) Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully--

- (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact;
- (2) makes any materially false, fictitious, or fraudulent statement or representation; or
- (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title or imprisoned not more than 5 years, or both.

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.

I understand and accept that filing this administrative claim means I have not filed a previous claim for Sunday hours worked during the period of employment described above, nor have I received Sunday Premium pay 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 for Sunday Premium pay earned during the period of time covered by this claim, that I may have against the Government arising from nonpayment of Sunday Premium pay.

I certify that to the best of my knowledge and belief, all of the information on and attached to this claim is true.

SIGNATURE OF CLAIMANT _____

DATE SIGNED _____