

SUNDAY PREMIUM PAY INSTRUCTIONS

Current DeCA Employee

You may submit a claim for a lump sum payment of Sunday premium pay if your answer is yes to BOTH of the following questions.

Were you a part time employee between May 26, 2003 and May 26, 2009?
Did your work schedule require you to work on Sundays?

A complete package must have the following:

- **Claim Form**
- **SF 50 B, Notification of Personnel Action, if available**
- **Dates (month/day/year) not subject to Sunday premium pay on separate page**
- **Affidavit**
- **Power of Attorney, if applicable**

The Affidavit is your sworn statement that the information you're submitting is true and correct. You may be held liable for submitting false claims.

Refer to Sample Form

Type or print so that all information is legible:

1. Name as shown on your most recent leave and Earnings Statement (LES)
2. Enter Social Security Number
3. Enter current date or date that form is prepared
4. Enter current mailing address (street address or P.O. Box/City, State, Zip)
5. Telephone number where you can be reached if we have any questions and/or an email address
6. Enter your payroll office ID number. (The ID number is on the lower portion of the LES. in the REMARKS block.)
7. Initial the year(s) you are requesting payment
8. Sign your name
9. Date the form

You may call (804) 734-8000, ext. 52917 or send an email message with your name and contact information to SundayPremium@deca.mil if you need assistance. ***Please note this phone number was set-up to handle only calls related to the claims process. Leave a message if necessary; calls will be handled in the order received.***

If you complete a claim for someone else, you must include a copy of the power of attorney authorizing you to act on behalf of that person.

SAMPLE

SAMPLE

Claim Format for Department of Defense Appropriated Fund Employees
Administrative Claims for Sunday Premium Pay under Fathauer v. United States,
566 F.3d 1352 (Fed. Cir. 2009)

NAME _____ ① _____ SSN _____ ② _____ DATE _____ ③ _____
CURRENT MAILING ADDRESS _____ ④ _____
CURRENT TELEPHONE NUMBER/EMAIL ADDRESS _____ ⑤ _____
SERVICING DFAS PAYROLL OFFICE ID NUMBER: _____ ⑥ _____

(Please review the REMARKS section of your latest Leave and Earnings Statement to obtain this information.)

INITIAL EACH YEAR APPLICABLE TO YOUR CLAIM for SUNDAY PREMIUM PAY:

⑦ 2009: _____ 2008: _____ 2007: _____ 2006: _____
2005: _____ 2004: _____ 2003: _____

EMPLOYEE CERTIFICATION - My signature below certifies that the following statements are true and that I meet the requirements for Sunday premium pay for part-time employees:

- I was employed in a part-time status for each claim period identified above.
- My work schedule included Sunday as part of the official work week for every pay period that occurred in each claim period.
- I have attached a list of dates I worked on a Sunday during the claim period that do not meet these requirements and for which Sunday premium pay is not owed.

I understand and accept that the filing of this administrative claim means the following: I have not filed a previous claim for the above periods, nor have I received any other agency settlement for these periods. All administrative claims against the Government must be received by the agency within 6 years after the claim accrues under 5 U.S.C. 5596. Only work performed on Sundays after May 26, 2003 may be paid under these procedures.

I acknowledge that acceptance of the payment of Sunday Premium pay for work performed on Sundays under 5 U.S.C. 5544 (a) or 5546(a) and based upon this 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 under *Fathauer v. United States*.

SIGNATURE OF CLAIMANT _____ ⑧ _____ DATE SIGNED _____ ⑨ _____

SERVICING HUMAN RESOURCES OFFICE VALIDATION AND CERTIFICATION - Signature below certifies that the following statement, indicating the employee meets the requirements for Sunday premium pay for part-time employees, is true based on agency records:

- Above employee worked part-time as indicated on the Standard Form 50 for each claim period identified above; employee's work schedule included Sunday as part of the official work week for each pay period that occurred in above specified claim period; and the employee performed regularly scheduled work on those Sundays.

AGENCY VALIDATION & CERTIFICATION: _____ DATE SIGNED _____

Typed agency POC and contact information: _____

FAX signed Claim Format and any supporting documentation to: DFAS-Civilian Payroll
Toll Free: 866-401-5849 or Commercial: (317) 275-0354 or DSN: 510-366-0354

PRIVACY ACT STATEMENT: Authority for collection of this information is 5 U.S.C. 6311 and E.O. 9397. The purpose for which the information will be used is to administer and process your claim for payment of Sunday premium pay under 5 U.S.C. 5544(a) or 5546(a). The information on this form may be disclosed as generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, as amended. Providing this information is voluntary, however, failure to supply any required documentation may result in the denial of part or all of your claim.

Claim Format for Department of Defense Appropriated Fund Employees
Administrative Claims for Sunday Premium Pay under *Fathauer v. United States*,
566 F.3d 1352 (Fed. Cir. 2009)

NAME _____ SSN _____ DATE _____

CURRENT MAILING ADDRESS _____

CURRENT TELEPHONE NUMBER/EMAIL ADDRESS _____

SERVICING DFAS PAYROLL OFFICE ID NUMBER: _____

(Please review the REMARKS section of your latest Leave and Earnings Statement to obtain this information.)

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Affidavit

I, _____ do hereby declare under penalty of perjury, pursuant to 28 U.S.C. , Section 1746, the following is true and correct, and based on personal knowledge:

I affirm that during the period _____ to _____, I worked at the _____ Commissary, Defense Commissary Agency, on a regularly scheduled, part-time basis on the Sundays I have set forth in this claim, and that I did not receive Sunday premium pay for that work.

The documents I have attached to this claim supporting the above work are genuine, true and correct to the best of my knowledge.

Executed this _____ day of _____, _____.

Employee's Signature: _____