

## **SUNDAY PREMIUM PAY INSTRUCTIONS**

### **Former 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 with 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.**



CLAIM FORMAT for Retired/Separated/Inactive/Deceased  
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 \_\_\_\_\_  
(Employee's name and SSN as it was listed on the payroll records)

CURRENT ADDRESS TO MAIL PAYMENT \_\_\_\_\_

CURRENT TELEPHONE NUMBER/EMAIL ADDRESS \_\_\_\_\_

SERVICING DFAS PAYROLL OFFICE ID NUMBER: \_\_\_\_\_  
(Please review the REMARKS section of employee's last Leave and Earnings Statement for this information.)

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

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 claim period above.
- If filing on behalf of a deceased or incompetent employee, relevant documentation as identified in the Office of Personnel Management (OPM) Memorandum CPM 2009-21 (Dec 8, 2009) is furnished. (Power of Attorney or Claim for Unpaid Compensation)
- 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: Neither I, nor any other claimant, has 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 \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

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 the required documentation may result in the denial of part or all of your claim.

# 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: \_\_\_\_\_