

CSRS Development Checklist

Misc:

Yes No NA

Checked	ARPS	Service Credit	AQS (OWCP)	NATS	DCCS		Yes	No	NA
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									
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 # _____

ISSUES REQUIRING DEVELOPMENT		Resolved?
Use separate line for each matter requiring development		Yes
1.		
2.		
3.		
DEVELOPMENT STEPS TAKEN		
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:
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