

LUMP SUM LEAVE OR COMPENSATORY TIME PAYMENTS

1. SOCIAL SECURITY NUMBER										2. NAME (Last, First, Middle Initial)																	
3. AGENCY CODE			4. DATE OF SEPARATION (If Applicable)			5. TYPE OF PAYMENT 0= INTERIM 1= FINAL			6. TAX 0= N/A 1= 20% TAX			7. MINUS S/L 0= N/A 1= FORGIVEN			8. PAY COLA 0= NO 1= YES			9. PAY AUO 0= NO 1= YES									
			MO	DAY	YR																						
10. WAGE EMPLOYEE SHIFT RATE HOURS										11. DATES LUMP SUM PAYMENT CARRIES THROUGH										12. HOURS APPLI- CABLE TO LAST DAY OF LSP			13. TOTAL HOURS TO BE PAID				
1ST		2ND		3RD		VAR		A. A/L RESTORED MO DAY YR		B. A/L WITHIN CEILING MO DAY YR		C. A/L ABOVE CEILING MO DAY YR															
MANUAL PAY DATA (FOR NFC USE ONLY)																											
14. PAY CODE 1= UPDATE ONLY 2= UPDATE ONLY EXCEPT QTD				15. SCHEDULE NUMBER				16. GROSS PAY				17. FEDERAL TAX				18. FICA				19. HOSPITAL INSURANCE							
20. STATE TAX				21. CITY TAX				22. COUNTY TAX				22A. RECEIPT ACCOUNT				23. AMOUNT NET PAY											
ST. CD		AMOUNT		ST. CD		CITY CD		AMOUNT		ST. CD		COUN. CD		AMOUNT		NUMBER		AMOUNT									
24. ACCOUNTING DATA USAGE CODE 0= COMPLETE BLOCK 25 1= USE DATA BASE						26. TOTAL LINES OF ACCOUNTING DATA						27. REMARKS															
25. ACCOUNTING DATA						HOURS		FRAC																			
(1)																											
(2)																											
(3)																											
(4)																											
(5)																											
(6)																											
(7)																											
(8)																											
(9)																											
(10)																											
31. TOUR OF DUTY (Hours Per Day)																											
1ST WEEK										2ND WEEK																	
SUN		MON		TUES		WED		THURS		FRI		SAT		SUN		MON		TUES		WED		THURS		FRI		SAT	
32. AUDIT FOR LEAVE				BROUGHT FORWARD				EARNED				USED				BALANCE OR TOTAL				32B. LEAVE YEAR							
32A. TYPE OF LEAVE	RESTORED ANNUAL																										
	ANNUAL																			32C. LEAVE CATEGORY							
	SICK																			32D. SERVICE COMP DATE							
	CREDIT																			32E. EOD (If in Year of Audit)							
	AWOP																			RATE							
	COMP																			RATE							
																RATE											
																				FOR NFC USE ONLY							
33. APPROVAL																											
SIGNATURE OF AUTHORIZED OFFICIAL										TITLE										DATE		INITIALS		DATE			

INSTRUCTIONS

**Prepare a separate document for either a Lump Sum Payment or a Compensatory Time Payment.
Do not complete blocks 7 through 12 for a Compensatory Time Payment.**

- BLOCK 1. Enter employee's social security number.
- BLOCK 2. Enter employee's last name, first name, and middle initial.
- BLOCK 3. Enter the two-digit agency code for the agency charged with the payment.
- BLOCK 4. Enter the separation date, if applicable.
- BLOCK 5. Enter applicable code. Only one block should contain an entry.
- BLOCK 6. Enter "0" if the payment will be taxed according to the tax code in the employee's payroll master. Enter "1" if the 20% tax is to be applied to the payment.
- BLOCK 7. Enter "0" if there is no advance sick leave to be forgiven. Enter "1" if the employee has advance sick leave to be forgiven.
- BLOCK 8. Enter "0" if there is no COLA to be paid. If there is a COLA amount due the employee, enter "1".
- BLOCK 9. Enter "0" if there is no Administrative Uncontrollable Overtime (AUO) to be paid. Enter "1" if AUO is due.
- BLOCK 10. When the payment to be made is based on wage shift rates, enter the number of hours under the appropriate rate column. Fractions of any hour may be entered as $\frac{1}{2}$, $\frac{3}{4}$, etc.
- BLOCK 11. Enter the projected date through which the lump sum payment carries for A—annual leave restored; B—annual leave within ceiling; and C—annual leave above ceiling.
- BLOCK 12. Enter the hours applicable to the last day of the lump sum payment.
- BLOCK 13. Enter the total hours to be paid.
- BLOCK 24. Enter "0" if accounting data is furnished in block 25. Enter "1" if accounting data in employee's data base record is to be used.
- BLOCK 25. Enter accounting data codes to which the payment is being charged and the number of hours charged to each code. Leave blank if "1" is entered in block 24.
- BLOCK 26. Enter the total amount of line items completed in block 25.
- BLOCK 27. Enter any information pertinent to the payment which is not furnished elsewhere on the form.
- BLOCK 28. Enter the four-digit employing office code.
- BLOCK 29. Enter the date the employee was rehired, if previously separated.
- BLOCK 30. Enter the T&A contact point.
- BLOCK 31. Enter daily hours for employee's established tour of duty.
- BLOCK 32A. Enter amount of leave brought forward, earned, used, and balance or total on hand for each type leave (restored annual, annual, sick, AWOP, and comp). Enter the rate used to compute comp time.
- B. Enter leave year being audited.
- C. Enter employee's leave category.
- D. Enter employee's service computation date.
- E. Enter date employee entered on duty only if date is in year of audit.
- BLOCK 33. Enter signature and title of agency official authorized to approve payment, and the date the form is prepared.