

|                          |                                      |     |                                      |  |      |                                     |  |  |  |                                 |                                |   |  |  |
|--------------------------|--------------------------------------|-----|--------------------------------------|--|------|-------------------------------------|--|--|--|---------------------------------|--------------------------------|---|--|--|
| 1 SOCIAL SECURITY NUMBER |                                      |     | 2 NAME (Last, First, Middle Initial) |  |      |                                     |  |  |  |                                 |                                |   |  |  |
| 3 AGENCY CODE            | 4 DATE OF SEPARATION (If Applicable) |     |                                      | 5 TYPE PYMT.<br>0 = Interim<br>1 = Final |      | 6 20% TAX<br>0 = N/A<br>1 = 20% Tax |  | 7 Minus S/L<br>0 = N/A<br>1 = Forgiven |  | 8 PAY COLA<br>0 = No<br>1 = Yes | 9 PAY AUO<br>0 = No<br>1 = Yes | UNITED STATES<br>DEPARTMENT OF AGRICULTURE<br><br><b>LUMP SUM LEAVE OR<br/>         COMPENSATION TIME<br/>         PAYMENTS</b> |  |  |
|                          | Month                                | Day | Year                                 | LUMP SUM                                 | COMP |                                     |  |  |  |                                 |                                |   |  |  |

|                                   |     |     |     |   |  |  |                                     |  |  |  |  |                           |  |  |
|-----------------------------------|-----|-----|-----|---|--|--|-------------------------------------|--|--|--|--|---------------------------|--|--|
| 10 WAGE EMPLOYEE SHIFT RATE HOURS |     |     |     | 11 DATES LUMP SUM PAYMENT CARRIES THROUGH |  |  |                                     |  |  | 12 HOURS APPLICABLE TO LAST DAY OF LSP |  | 13 TOTAL HOURS TO BE PAID |  |  |
| 1ST                               | 2ND | 3RD | VAR | A A/L RESTORED<br>MO DAY YEAR             |  |  | B A/L WITHIN CEILING<br>MO DAY YEAR |  |  | C A/L ABOVE CEILING<br>MO DAY YEAR     |  |                           |  |  |

**GENERAL 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.

**SEE REVERSE FOR COMPLETION INSTRUCTIONS OF EACH BLOCK.**

|   |  |  |  |                                   |       |            |      |          |  |  |  |
|---|--|--|--|-----------------------------------|-------|------------|------|----------|--|--|--|
| 24 ACCOUNTING DATA USAGE CODE<br><small>0 = Complete Block 25<br/>1 = Use Data Base</small> |  |  |  | 26 TOTAL LINES OF ACCOUNTING DATA |       | 27 REMARKS |      |          |  |  |  |
| 25 ACCOUNTING DATA  |  |  |  |                                   |       |            |      |          |  |  |  |
| (1)   |  |  |  | HOURS                             | FRAC  |            |      |          |  |  |  |
| (2)   |  |  |  |                                   |       |            |      |          |  |  |  |
| (3)   |  |  |  |                                   |       |            |      |          |  |  |  |
| (4)   |  |  |  |                                   |       |            |      |          |  |  |  |
| (5)   |  |  |  |                                   |       |            |      |          |  |  |  |
| (6)   |  |  |  |                                   |       |            |      |          |  |  |  |
| (7)   |  |  |  |                                   |       |            |      |          |  |  |  |
| (8)   |  |  |  | 28 EMPLOYING OFFICE CODE          |       |            |      |          |  |  |  |
| (9)   |  |  |  |                                   |       | Month      | Day  | Year     |  |  |  |
| (10)  |  |  |  | 30 T&A CONTACT POINT              |       |            |      |          |  |  |  |
|   |  |  |  | AGENCY                            | STATE | TOWN       | UNIT | TIMEKPR. |  |  |  |

|  |                 |      |                 |       |        |     |          |     |                  |      |                             |     |     |
|--|-----------------|------|-----------------|-------|--------|-----|----------|-----|------------------|------|-----------------------------|-----|-----|
| 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 |      | B LEAVE YEAR                |     |     |
| A<br>T<br>Y<br>P<br>E<br><br>L<br>E<br>A<br>V<br>E | Restored Annual |      |                 |       |        |     |          |     |                  |      | C LEAVE CATEGORY            |     |     |
|  | Annual          |      |                 |       |        |     |          |     |                  |      | D SERVICE COMPUTATION DATE  |     |     |
|  | Sick            |      |                 |       |        |     |          |     |                  |      | E EOD (If in year of Audit) |     |     |
|  | AWOP            |      |                 |       |        |     |          |     |                  |      | RATE                        |     |     |
|  | Comp            |      | (1)             |       |        |     |          |     |                  |      | RATE                        |     |     |
| (2)  |                 |      |                 |       |        |     |          |     |                  | RATE |                             |     |     |
| (3)  |                 |      |                 |       |        |     |          |     |                  |      | RATE                        |     |     |

|   |  |  |  |  |  |  |  |      |  |                         |  |  |  |
|---|--|--|--|--|--|--|--|------|--|-------------------------|--|--|--|
| 33 APPROVAL                               |  |  |  |  |  |  |  |      |  | <b>FOR NFC USE ONLY</b> |  |  |  |
| AUTHORIZED OFFICIAL'S SIGNATURE AND TITLE |  |  |  |  |  |  |  | DATE |  | INITIALS AND DATE       |  |  |  |

## INSTRUCTIONS

- 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 Administratively 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 an hour may be entered as "1/2", "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 32 -
- 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.
  - Enter leave year being audited.
  - Enter employee's leave category.
  - Enter employee's service computation date.
  - 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.