

1 SOCIAL SECURITY NUMBER		2 NAME (Last, First, Middle Initial)													
3. AGENCY CODE	4. DATE OF SEPARATION (If Applicable)			5. TYPE PYMT. 0=Interim I=Final		6. 20% TAX 0=N/A I=20% Tax		7. MINUS S/L 0=N/A I=Forgiven		8. PAY COLA 0=No I=Yes		9. PAY AUO 0=No I=Yes		UNITED STATES DEPARTMENT OF AGRICULTURE <b>LUMP SUM LEAVE OR COMPENSATORY TIME 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		B A/L WITHIN CEILING		C A/L ABOVE CEILING					
				MO	DAY	YEAR	MO	DAY	YEAR	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 0 = Complete Block 25 I = Use Data Base		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				29 REHIRE DATE AFTER SEPARAT'N			
						Month	Day	Year	

(9)										30 T&A CONTACT POINT				
(10)		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 T Y P E  L E A V E	Restored Annual									19	
	Annual									C LEAVE CATEGORY	
	Sick									D SERVICE COMPUTATION DATE	
	AWOP									E EOD (If in year of Audit)	
	Comp		(1)							RATE	
(2)									RATE		
(3)									RATE		

33 APPROVAL								FOR NFC USE ONLY			
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 "I" 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 "I" 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 "I".
- Block 9 – Enter "0" if there is no Administratively Uncontrollable Overtime (AUO) to be paid. Enter "I" 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 "I" 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 "I" 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.

1 SOCIAL SECURITY NUMBER		2 NAME (Last, First, Middle Initial)													
3. AGENCY CODE	4. DATE OF SEPARATION (If Applicable)			5. TYPE PYMT. 0=Interim I=Final		6. 20% TAX 0=N/A I=20% Tax		7. MINUS S/L 0=N/A I=Forgiven		8. PAY COLA 0=No I=Yes		9. PAY AUO 0=No I=Yes		UNITED STATES DEPARTMENT OF AGRICULTURE <b>LUMP SUM LEAVE OR COMPENSATORY TIME 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		B A/L WITHIN CEILING		C A/L ABOVE CEILING						
				MO	DAY	YEAR	MO	DAY	YEAR	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 0 = Complete Block 25 I = Use Data Base			26 TOTAL LINES OF ACCOUNTING DATA			27 REMARKS					
---	--	--	-----------------------------------	--	--	------------	--	--	--	--	--

25 ACCOUNTING DATA						27 REMARKS										
(1)					HOURS							FRAC				
(2)																
(3)																
(4)																
(5)																
(6)																
(7)																
(8)																
(9)																

(8)				28 EMPLOYING OFFICE CODE				29 REHIRE DATE AFTER SEPARAT'N			
								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 T Y P E  L E A V E	Restored Annual					19
	Annual					C LEAVE CATEGORY
	Sick					D SERVICE COMPUTATION DATE
	AWOP					E EOD (If in year of Audit)
	Comp	(1)				
(2)						RATE
(3)						RATE

33 APPROVAL		FOR NFC USE ONLY	
AUTHORIZED OFFICIAL'S SIGNATURE AND TITLE		DATE	INITIALS AND DATE