

(Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form.)

AUTHORITY: 5 U.S.C 8432a, Payment of lost earnings; and 5 CFR 1606, Lost Earnings Attributable to Employing Agency Errors.

ROUTINE USE(S): To the Treasury Department to provide information on check issues and electronic funds transfers. To Federal, state, and local authorities for authorized computer matching programs, and Social Security Administration to report earned wages. The remaining routine uses are available in the applicable system of records notices T7340, Defense Joint Military Pay System-Active Component; and T7344, Defense Joint Military Pay System-Reserve Component, located at: <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/DFAS-Article-List/>

DISCLOSURE: Voluntary; however, failure to provide the requested information may result in the member not being able to claim TSP lost earnings.

Any person knowingly making false, fictitious, or fraudulent claims upon or against the United States Government may be imprisoned for up to five years (18 USC 287 and 1001, and 31 USC 3729).

1. NAME (Last, First, Middle Initial)		2. GRADE	3. DATE OF BIRTH (YYYYMMDD)	4. DoD ID NUMBER
5. DUTY TELEPHONE NUMBER (Include area code)		6. MEMBER'S UNIT NAME AND ADDRESS		
a. DSN	b. COMMERCIAL			
7. BRANCH OF SERVICE (X one) <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> PUBLIC HEALTH <input type="checkbox"/> NOAA		8. INPUT SOURCE (Unit, Address, and Telephone Number)		
9. STATUS (X one) <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> GUARD <input type="checkbox"/> RESERVES		10. PAYROLL DATE (YYYYMMDD)	11. DATE PAYMENT MADE TO NFC (YYYYMMDD)	
12. CLAIMANT'S BRIEF EXPLANATION OF ERROR				
13. INPUT SOURCE'S EXPLANATION OF EXTENUATING CIRCUMSTANCES				
14. DOCUMENTATION ATTACHED TO SUPPORT CLAIM (X as appropriate) <input type="checkbox"/> LEAVE AND EARNINGS STATEMENTS <input type="checkbox"/> TSP PARTICIPANTS STATEMENTS <input type="checkbox"/> TSP FORM 1, TSP ELECTION FORM				
15. FOR OFFICIAL USE ONLY				
16. CLAIMANT		17. INPUT SOURCE/COMMANDER		
a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)	a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)	
c. E-MAIL ADDRESS		c. E-MAIL ADDRESS		

INSTRUCTIONS

(Items not listed are self-explanatory.)

4. DoD ID Number.

8. Organization that processed the request believed to be in error.

10. Date the payment was made to the member and should have had TSP contributions sent to NFC.

11. Date the contribution was actually sent to NFC.

15. Used by Central Site to describe actions taken.

17. For Army: Commander's signature and e-mail address. For all others: E-mail address of the source technician on this form.

18. ADDITIONAL REMARKS *(Use this space to continue any item if necessary.)*