

DEPARTMENT OF TRANSPORTATION
OFFICE OF THE SECRETARY

Action Date:

For Information Only

DEPARTMENTAL PERSONNEL MANUAL

DPM BULLETIN NO. 831-20

DATE: FEB 23 1989


SUBJECT: Checklist for a Civil Service Retirement System
Service Credit Application

Attached is a copy of the January 1989 edition of "Agency Checklist for a CSRS Service Credit Application." This newest in a series of Office of Personnel Management checklists is designed to improve the quality of deposit and redeposit submissions so our employees receive service credit quickly.

At this time, use of the checklist is voluntary although we encourage making it a part of your organization's processing procedures. Once again, keep in mind that our procedures for processing retirement actions include use of a checklist as an important part of ensuring timely and accurate submissions. Preliminary feedback confirms the "checklist approach" is effective, and we believe similar results can be gained with the consistent use of this service credit deposit and redeposit checklist.

If there are any questions, contact Terry Smith in the Labor and Employee Relations Division (M-17). Terry can be reached on 366-9440.

Attachment



Director of Personnel

Filing Instructions: File after FPM Chapter 831 Bulletins

Bulletin Expires: Upon Notification

Distribution: Personnel Council Members; Retirement Officers;
M-80; AAA-100; and AAC-25

OPI: M-17/SMITH/69440

AGENCY CHECKLIST FOR A CSRS SERVICE CREDIT APPLICATION

JANUARY 1989
(Page 1 of 4)

I. Name of Applicant: _____

Date of Birth: _____ SSN _____

Retirement System Coverage: [] CSRS [] FERS [] Other (If "Other," verify eligibility to apply to make service credit payment for civilian service.)

II. Personnel and Payroll Offices: This checklist addresses the proper completion of the SF 2803 "Application to Make Deposit" which must be submitted to the Office of Personnel Management (OPM) in order for the amount owed for civilian service to be calculated. The current version of the SF 2803 is dated 3/87, and previous versions are usable. The checklist also includes questions to aid in the proper completion of the submission, thereby reducing delays in processing. Although the questions in Section "A" of the application are to be answered by the applicant, you must check the information in this section. Of course, you must also recheck the information you provide in Section "B" of the application. Please note that service credit deposits and redeposits cannot be made through payroll deductions or reported on the SF 2812 (Report of Withholdings and Contributions for Health Benefits, Life Insurance and Retirement).

BLOCK NUMBER DOCUMENT TITLE REQUIREMENT YES N.A.

THE FOLLOWING QUESTIONS PERTAIN TO SECTION "A" OF APPLICATION

Has the proper application been completed? CSRS Application to Make Deposit (SF 2803) REQUIRED for all CSRS applicants. FERS applicants must use SF 3108. []

Block 2: Are other names that may have been used, listed? REQUIRED if applicant has used more than one name during Federal employment, or used a variation, such as initials. []

Block 1: Is applicant's correct birthdate provided? REQUIRED in all cases. []

CSRS SERVICE CREDIT CHECKLIST

CSRS SERVICE CREDIT CHECKLIST

BLOCK NUMBER	DOCUMENT TITLE	REQUIREMENT	YES	N.A.
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Block 4: Is applicant's address complete?		REQUIRED in all cases.	[]	
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Blocks 5, 6, 7 and 8: Are the questions about current employment answered?		REQUIRED in all cases.	[]	
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Is Social Security number provided?		REQUIRED in all cases.	[]	
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All 1 periods of Federal civilian service listed, and is all requested information provided for each period of service?		REQUIRED in all cases.	[]	
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Block 9: Is the question about current deductions answered?		If applicable.	[]	[]
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NOTE: If "YES," supply correct withholding rate in the space next to the "no" box: 7% for current deductions most employees, 7.5% for qualified House/Senate/firefighter/law enforcement employees, etc.

OFFSET CASES: 1.3% to 12/31/87 (.94% in 1988 and 1989), 1.8% to 12/31/87 (1.44% in 1988 and 1989) for qualified

Block 10: If answer to Block 9 is "no," is date of separation from CSRS given?		If applicable.	[]	[]
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CSRS SERVICE CREDIT CHECKLIST

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BLOCK NUMBER DOCUMENT TITLE REQUIREMENT YES N.A.

Has the applicant signed the application? REQUIRED in all cases. []

Has the applicant's daytime telephone number been provided? REQUIRED in all cases. []

Is application dated? REQUIRED in all cases. []

THE FOLLOWING QUESTIONS PERTAIN TO SECTION "B" OF APPLICATION

Is Schedule 1 completed? If applicable. [] []

Is Schedule 2 completed? If applicable. [] []

Are all pay rates/changes for temporary service shown on Schedule 2? If applicable. [] []

Is the tour of duty or actual days worked shown on Schedule 2, for all part time, or intermittent service? If applicable. [] []

Are earnings for all part time, or intermittent service shown on Schedule 2? If applicable. [] []

Has schedule 3 been completed? If applicable. [] []

CSRS SERVICE CREDIT CHECKLIST

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BLOCK NUMBER **DOCUMENT TITLE** **REQUIREMENT** **YES** **N.A.**

Has the application been properly certified and a complete address been provided by an agency official? **REQUIRED in all cases. []**

******PERSONNEL OFFICE CERTIFICATION******

Personnel Specialist: _____

Telephone Number: () _____

******PAYROLL OFFICE CERTIFICATION******

Payroll Office Contact: _____

Telephone Number: () _____

THIS FORM MAY BE REPRODUCED LOCALLY