/_/ Action Date:

/X/ For Information Only

DEPARTMENTAL PERSONNEL MANUAL

**DPM BULLETIN NO.** 843- 2   **DATE:** 23

SUBJECT: Checklist for a Federal Employees' Retirement System
Service Credit Application

Attached is a copy of the January 1989 edition of "Agency
Checklist for a FERS 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
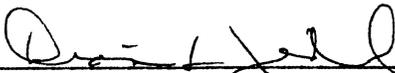
Director of Personnel

Filing Instructions: File after FPM Chapter 843 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 FERS SERVICE CREDIT APPLICATION

[. 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.)

[I. **Personnel and Payroll Offices**: This checklist addresses the proper completion of the "Application to Make Service Credit Payment for Civilian Service," SF 3108, which must be submitted to the Office of Personnel Management (OPM) in order for the amount owed for civilian service to be calculated. The form is dated 5/88. There is no previous version. 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, the information in this section must be checked by you. Of course, you must also recheck the information you provide in Section "B" of the application. Please note that service credit deposits cannot be made through payroll deductions or reported on the SF 2812 (Report of Withholdings and Contributions for Health Benefits, Life Insurance and Retirement).

BLK. NUMBER	DOCUMENT TITLE	REQUIREMENT	YES	N.A.

THE FOLLOWING QUESTIONS PERTAIN TO SECTION "A" OF APPLICATION

Has the proper application been completed?	**FERS** Application to Make Service Credit Payment for Civilian Service (SF 3108)	REQUIRED for all FERS applicants even though applicant may be a transferee who wishes to pay for service in a CSRS component. If applicant is covered by by CSRS, then use SF 2803.	[ ]
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 3: Is applicant's correct birthdate provided?		REQUIRED in all cases.	[ ]
Block 4: Is applicant's address complete?		REQUIRED in all cases.	[ ]

FERS SERVICE CREDIT CHECKLIST

BLOCK NUMBER	DOCUMENT TITLE	REQUIREMENT	YES	N.A.

Blocks 5, 6, 7 and 8:
Are the questions
about **current employment**
answered? — REQUIREMENT: REQUIRED in all cases. [ ]

Is **Social Security** number provided? — REQUIRED in all cases. [ ]

Block 9:
Are the questions
about **previous ap-**
plications answered? — If applicable. [ ] [ ]

B   10: Are **all** periods
of .deral **civilian** service
listed, and is **all** requested
information provided for **each**
period of service? — REQUIRED in all cases, [ ]
even though applicant
may not intend to pay
for all periods of
creditable service.

Block 11:
Is question about **FERS**
deductions answered? — If applicable. [ ] [ ]

Block 12:
If answer to **Block 11**
is "no," is date of
separation given? — If applicable. [ ] [ ]

Block 13:
Has the applicant **signed**
the application? — REQUIRED in all cases. [ ]

Block 14:
Has applicant's **daytime**
telephone **number** been
provided? — REQUIRED in all cases. [ ]

FERS SERVICE CREDIT CHECKLIST

BLOCK NUMBER	DOCUMENT TITLE	REQUIREMENT	YES	N.A.

Is application dated?		REQUIRED in all cases.	[ ]	

THE FOLLOWING QUESTIONS PERTAIN TO SECTION "B" OF APPLICATION

Block 1:
Is employee covered by FERS?

REQUIRED if answer is "YES" (if covered by CSRS, must use SF 2803)   [ ]   [ ]

Block 2:
If answer to Block 1 is "YES,"
then is the date FERS deductions com-
menced and the correct withholding
rate [(1.3% to 12/31/87 (.94% in 1988)
f~ ~ecial Category cases, 1.8% to
1. '87 (1.44% in 1988) for qualified
Congressional employees/law enforcement
employees] shown in the "Comments" box?

REQUIRED if answer is "YES."   [ ]   [ ]

NOTE: We need this information (e.g., law enforcement) for the identification of Special Category employees.

Block 3a:
Has the question about
transferring to FERS
been answered?

If applicable.   [ ]   [ ]

Block 3b:
If answer to Block 3a
is "YES," then you must
complete this block.

If applicable.   [ ]   [ ]

Block 4:
Has all civilian service not
covered under FERS or CSRS
deductions been shown?

If applicable.   [ ]

Are all pay rates/changes
for temporary service shown
in Block 4?

If applicable.   [ ]   [ ]

FERS SERVICE CREDIT CHECKLIST

BLOCK NUMBER	DOCUMENT TITLE	REQUIREMENT	YES	N.A.
Is the tour of duty or days worked shown for all part time, intermittent service in Block 4?		If applicable.	[ ]	[ ]
Are earnings for all part time, intermittent service shown in Block 4?		If applicable.	[ ]	[ ]
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