



CLAIM FOR RESERVIST DIFFERENTIAL PAY

Applicant's Name:		SSN:	Current Business Operating Division and Function:
Position Title/Series/Grade:		E-mail Address:	
Employment Status: <input type="checkbox"/> Current <input type="checkbox"/> Retired <input type="checkbox"/> Separated		Telephone:	
Tour of Duty:		This Claim is: <input type="checkbox"/> New <input type="checkbox"/> Amended*	
Current Mailing Address: (information update only)		*If amended, list dates previously claimed or attach copy of original claim form:	
		<input type="checkbox"/> Direct Deposit (for Reservist Differential disbursement only)	
		Account #:	Routing #:
		Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

INSTRUCTIONS: Enter the individual dates for which you are claiming Reservist Differential pay below. **Claims may be paid going back to March 15, 2009.** Payments will be offset by civilian basic pay; civilian paid leave; or other paid time off. You will be advised by mail when this claim is settled and processed. This completed form, along with the required supporting documentation as outlined below, should be mailed or faxed to :

Austin Payroll Center
P.O. Box 934
MS 1550 AUSC
Austin, TX 78767
FAX #: (512) 460-2431
Outlook Address: *Military Deployment Program
Web Address: Military.Deployment.Program@irs.gov

THIS CLAIM IS FOR THE FOLLOWING DATES, DURING WHICH I RECEIVED MILITARY PAY AS A MEMBER OF THE RESERVE OR NATIONAL GUARD:

BEGINNING DATE	ENDING DATE	CIVILIAN BASIC PAY RECEIVED	CIVILIAN PAID LEAVE RECEIVED	OTHER PAID TIME OFF RECEIVED

I UNDERSTAND AND ACCEPT THAT FILING THIS ADMINISTRATIVE CLAIM MEANS I HAVE NOT FILED A PREVIOUS CLAIM FOR THE ABOVE PERIODS NOR HAVE I RECEIVED ANY OTHER MERITS SYSTEMS PROTECTION BOARD OR AGENCY SETTLEMENT FOR THESE PERIODS.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

REQUIRED SUPPORTING DOCUMENTATION (Attach to this Claim) – Claimants bear the burden of proof in the filing of claims. Documentation must be provided to validate your military pay during the timeframe in question. Please provide:

- Monthly Military Leave and Earnings Statements for periods of refund claimed
- Copy of Military Orders for periods of refund claimed

PRIVACY ACT STATEMENT: Authority for collection of this information is 5 U.S.C. Section 6311 and E.O 9397. The purpose for which the information will be used is to administer and process your claim for premium pay. The information on this form may be disclosed as generally permitted under 5 U.S.C. Section 552(a)(b) of the Privacy Act, as amended. Providing this information is voluntary; however, failure to supply the required documentation may result in the denial of your claim in part or in full.

FOR AWSS USE ONLY: DATE RECEIVED IN AWSS: AWSS REVIEWER (Name): DATE REVIEW COMPLETED: (Revision Date: 04/22/10)	TOTAL RESERVIST DIFFERENTIAL PAYMENT
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