



**CLAIM FOR CREDIT OF ANNUAL LEAVE OR REIMBURSEMENT
For Improperly Charged Military Leave**

Name (First, MI, Last): _____ SSN: _____ Date: _____

E-Mail Address: _____ Address/City/State/Zip: _____ Phone: _____

Employment Status – Check appropriate answer: A. Current ___ B. Retired ___ C. Separated ___

Designate if new claim ___ if amended claim ___ If amended, list year(s) previously claimed _____

This claim is for the following dates, during which I was charged military leave during non-workdays:

Period of military duty month/day/year – month/day/year i.e., 03/26/99 – 04/12/99	Dates of non-workdays for which military leave was used during the stated period Format - month/day/year i.e., 03/28/99, 04/03/99, 04/04/99, 04/10/99	# days claimed for each stated period

REQUIRED SUPPORTING DOCUMENTATION (ATTACH TO CLAIM) – Claimant must show that annual leave, other leave or LWOP was used in the performance of reserve duties as a direct result of the agency charging military leave for intervening weekends or non-workdays.

- A copy of the order(s) to military active duty for a continuous period that includes a weekend or non-workday;
- A copy of the certificate of attendance for each period(s) of active duty listed above;
- A copy of the time and attendance record or other leave record showing the charges to annual leave, other leave or LWOP; and/or
- Any other relevant documentation, including signed certification from supervisor, in the absence of the above.

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 MSPB or agency settlement for these periods.

I further understand that any leave restored to my account must be used no later than two years after the end of the leave year in which it was restored. Further information regarding the IRS policy on these administrative claims can be found at: <http://hco.web.irs.gov/compbenefits/index.html>

This claim worksheet, along with supporting documentation, should be mailed or faxed (512) 460-2548 to the IRS Austin Payroll Center at the address below:

IRS Austin Payroll Center – Settlement Cases Area, Attn: USERRA Claim, 3651 S. IH 35, Austin, TX 78741

SIGNATURE OF EMPLOYEE _____ **DATE** _____

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 leave restoration or payment. 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 part or your entire claim.

This section for AWSS use only:

Date Received in AWSS	AWSS Review (Name/date)	Number of Days/Hours to be Restored/Reimbursed