

**CLAIM FORM FOR SUNDAY PREMIUM REMEDIAL PAYMENT FROM  
CURRENT  
AIR FORCE (AF) NONAPPROPRIATED FUND (NAF) EMPLOYEES**

This claim form is to be completed by current AF NAF employees requesting Sunday Premium payment for past periods of AF NAF employment at their current Air Force Base (AFB). Claims for current AF NAF employees are submitted to their installation NAF Human Resources Office.

This form is used for claims seeking remedial payment of Sunday Premium Pay earned between 26 May 2003 and 25 May 2009. Claims back to 26 May 03 will be accepted within 6 years after the claim accrues. Claims "accrued" on 26 May 09, the date of the administrative determination. Based on this accrual date, claims for Sunday work performed between 26 May 03 and 26 May 09 must be received not later than 26 May 15. For more specific claims information visit the AF NAF website at [www.usafservices.com](http://www.usafservices.com).

**ELIGIBILITY:** Employees must be a prevailing rate employee who had a regularly scheduled workweek which included a period of service of 8-hours or less, that was not overtime work, and a part of which was performed on Sunday. AF NAF employees may be Regular or Flexible category and had a regular work schedule that included Sunday work. AF NAF employees assigned to a Flexible or Regular employment category who only worked intermittently on Sundays are not eligible for Sunday Premium payment.

**NOTE:** Pay band (NF and CY) employees are only eligible if the employing installation had an established policy to pay Sunday Premium Pay to NF and CY employees.

**SUPPORTING DOCUMENTATION THAT MAY ACCOMPANY THIS CLAIM FORM:** Claimant must establish by a preponderance of the evidence their eligibility for a remedial payment of Sunday Premium Pay for the period of time covered by this claim. You must establish that (1) you worked part-time (includes Flexible employment category) during the claims period on a regularly scheduled tour of duty that included Sunday and (2) you did not receive an appropriate amount of premium pay. You may provide documentation establishing when you performed the Sunday work. The documentation may include, but is not limited to:

- AF Form 2545, NAFI Notification of Personnel Action
- Bi-weekly work schedules
- Time and Attendance records
- Any other documentation such as employee affidavits or supervisory records that establish you performed eligible Sunday work during the period claimed

---

---

**EMPLOYEE NAME** \_\_\_\_\_ **SSN** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**CURRENT BASE** \_\_\_\_\_ **DATE OF HIRE** \_\_\_\_\_

**PERIODS OF EMPLOYMENT FOR WHICH CLAIMING SUNDAY PREMIUM PAY**

**FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

**FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

**FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

---

---

**PRIOR CLAIMS:** Are you, or have you, filed claims for remedial Sunday Premium payment with any other NAF employer for a period of time dating back to 26 May 2003? **No** \_\_\_\_\_ **Yes** \_\_\_\_\_ If yes, provide the following:

**FROM** \_\_\_\_\_ **TO** \_\_\_\_\_ **EMPLOYER** \_\_\_\_\_

**FROM** \_\_\_\_\_ **TO** \_\_\_\_\_ **EMPLOYER** \_\_\_\_\_

---

---

**CERTIFICATION:** I understand and certify that filing this administrative claim means I have not filed a previous claim for the period of employment described above, nor have I received Sunday Premium payment for that period of employment. I acknowledge that acceptance of remedial payment resulting from a claim filed under these procedures will be a final settlement of all claims against this AF NAF employer for Sunday Premium Pay earned during the period of time covered by this claim, that I may have against the Government arising for nonpayment of Sunday Premium Pay by this AF NAF employer.

I certify that to the best of my knowledge and belief, all the information on and attached to this application is true, correct, complete, and made in good faith. I understand that any knowingly false or fraudulent information on or attached to this application may be punished under any relevant administrative, civil or criminal process.

**SIGNATURE OF CLAIMANT** \_\_\_\_\_ **DATE SIGNED** \_\_\_\_\_

**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 Post Allowance back pay. The information on this form may be disclosed as generally permitted under 5 U.S.C. Section 552a(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 all, of your claim.