



# MCCS CLAIM FORM

## Administrative Claims for Sunday Premium Pay Current and Former NAF Crafts & Trades Employees

This claims form is to be completed by current and former MCCS Crafts and Trades employees requesting Sunday Premium payment for scheduled shifts during past periods of employment with their current or former MCCS employer. **Claims for past employment with a different MCCS NAF Employer must be filed with that MCCS NAF Employer using a separate claim form.** For a full explanation of the claims procedures and guidance, go to the following websites:

<http://www.usmc-mccs.org> or <http://www.cpms.osd.mil>

This form should only be used for claims seeking remedial payment of Sunday Premium for Crafts and Trades Employees who terminated (aka former) and are due back pay from 05/26/2003 or termination date (no later than 01/30/2010). Claims back to May 26, 2003, will be accepted within 6 years after the claim accrues. Claims accrued on May 26, 2009, the date of the administrative determination. Based on this accrual date, claims for Sunday work performed between May 26, 2003 and January 30, 2010 must be received not later than May 26, 2015. All claims received will only be considered for the period of time as outlined.

**IMPORTANT: Payments are taxable. You will receive a W-2 for all payments processed.**

### Privacy Act Statement:

In accordance with the Privacy Act of 1974 9(Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

Authority: 10 USC 5013, Secretary of the Navy; 10 USC 5041, Headquarters, U.S. Marine Corps; 26 USC 6041, MCO P1700.27, Marine Corps Community Services Policy Manual; MCO P12000.11A, Marine Corps Community Services Personnel Policy Manual, and EO 9397 (SSN).

Purpose: This System of Records is governed by Privacy Act System of Records Notice NM07010-1 which can be downloaded at <http://privacy.defense.gov/notices/usn/NM07010-1.shtml>. Information collected in this System will be used to compute eligibility of **current active** NAF Crafts and Trades eligible employees (active on or after 1/31/10) due back pay for 05/26/2003 through 05/25/2009 to file claims for Sunday premium payments back payments.

Retention and Safeguards. Records are accessed by person(s) responsible for servicing the record system in performance of their official duties and who are properly screened and cleared for need-to-know. Records are stored in security file containers/cabinets and safes, protected by guards, and controlled by personnel screening, visitor registers and computer system software. Paper records are destroyed 10 years after employment is terminated. Electronic records are maintained and purged by payroll contractor and destroyed in the 7th year after origination.

Routine Uses. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: To the Internal Revenue Service to record wages earned, tax withheld, and social security information; To state revenue departments to credit employee's state withholding; To state employment agencies which require wage information to determine eligibility for unemployment compensation benefits of former employees; To city revenue departments of appropriate cities to credit employees for city tax withheld. The DoD 'Blanket Routine Uses' published at the beginning of the Navy's compilation of systems of records notices apply to this system.

Disclosure: Providing information on this form is voluntary, but failure to provide the requested information may result in denial of your claim.

**PERSONAL INFORMATION**

DATE OF SUBMISSION \_\_\_\_\_

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

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

EMAIL ADDRESS \_\_\_\_\_ EMPLID (if known) \_\_\_\_\_

CURRENT EMPLOYING NAFI \_\_\_\_\_ DATE OF HIRE \_\_\_\_\_

PERIODS OF EMPLOYMENT COVERED BY THIS CLAIM \_\_\_\_\_ Insert dates and times on attached spreadsheet

WHAT WAS YOUR GRADE DURING THIS PERIOD? (NA, NL, NS) \_\_\_\_\_

If you worked for two or more NAF MCCS employers during the period of time covered by this claims process, then you must submit separate claims to **each** MCCS employer for the different periods of times that you worked. Are you, or have you filed claims for remedial Sunday Premium payment with any other NAF employer for a period of time dating back as outlined in the guidance? **If yes, provide the other NAF employer(s), and the dates covered by those other claims:** \_\_\_\_\_  
\_\_\_\_\_

**SUPPORTING DOCUMENTATION:** The burden of proof is on the employee. In this case, the employee's burden is to establish that he or she 1) was a MCCS NAF Crafts and Trades working flexible or part time and worked on Sunday during the claims period and 2) that he or she did not receive the Sunday premium.

MCCS NAF Crafts and Trades Employees shall provide documentation to their employer establishing when they performed the Sunday work. The documentation may include, but is not limited to, the employee's Personnel Action (Form 500) indicating Flex or Part-Time Status (or equivalent form indicating eligibility), biweekly work schedules, time and attendance records, or other documentation such as employee affidavits or supervisory records that establish the employee performed eligible Sunday work during the period claimed.

Please Note: NAF employees in a pay-banded position are not eligible.

**CERTIFICATION:** I understand and accept that filing this administrative claim means the following: I have not filed a previous claim for the period of employment described above, nor have I received Sunday Premium 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 for Sunday Premium against this NAF employer earned during the period of time covered by this claim, that I may have against the Government arising from non-payment of Sunday Premium by this NAF employer.

I certify that to the best of my knowledge and belief, all of 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** \_\_\_\_\_

Claims for Sunday Premium payment need to be sent directly to the respective commands. Please use the addresses provided on the next page. The individual command will work with you to establish eligibility and prepare acceptable documentation based upon prior time & labor records. You will be notified upon receipt of this claim. If claim received is not sufficiently substantiated, you will be notified of its denial. Eligible claims must be received no later than May 26, 2015.



# Listing of Payroll Office Addresses

All Claim Forms should be sent to the appropriate Payroll office listed below. If you have more than one claim, ensure each individual form is mailed separately to each office.

<b>ALBANY</b>	MCCS ALBANY ATTN: ACCOUNTING 814 RADFORD BLVD SUITE #20322 ALBANY, GA 31704 POC: ANGELA ROBINSON 229-639-7714	<b>BARSTOW</b>	MCCS BARSTOW ATTN: FMB BRANCH BOX 110600 BLDG 319 BARSTOW, CA 92311-5050 POC: VEE PASCO 760-577-6884
<b>CAMP BUTLER</b>	MARINE CORPS COMMUNITY SERVICES CAMP BUTLER BLDG 5966 UNIT 35023 FPO AP 96373-5023 POC: CATHY WOLFF 645-7553	<b>CAMP LEJEUNE</b>	MCCS CAMP LEJEUNE ATTN: PAYROLL 1401 WEST RD CAMP LEJEUNE, NC 28547 POC: ELLEN MITCHELL 910-451-2481
<b>CHERRY POINT</b>	MCCS CHERRY POINT ATTN: PAYROLL BLDG 400 P.O. BOX 8009 CHERRY POINT, NC 28533 POC: KATHY DABBS 252-466-6365	<b>EIGHTH &amp; I</b>	MCCS EIGHTH & I ATTN: PAYROLL WASHINGTON, DC 20390 POC: DENEEN HAWKINS 202-433-2908
<b>CAMP ELMORE</b>	MCCS ATTN: PAYROLL 1251 YALU ST BLD MCE-2 NORFOLK, VA 23515-4693 POC: DIANE BAKER 757-444-6242	<b>HENDERSON HALL</b>	MCCS HENDERSON HALL HEADQUARTERS & SERVICE BATTALION MCNCR P.O. BOX 4009 ARLINGTON, VA 22204-0009 POC: SHEBA GODBEY 703-979-8420 x307
<b>IWAKUNI</b>	MARINE CORPS COMMUNITY SERVICES IWAKUNI ATTN: FINANCE PAYROLL DEPT. PCS 561 BOX 1867 FPO AP 96310-0029 POC: SHUJI MATSUMAE 253-4927	<b>KANEOHE BAY</b>	MCCS MARINE CORPS BASE HAWAII ATTN: PAYROLL BLDG 1404 BOX 63073 KANEOHE BAY, HI 96863-3073 POC: ANNETTE GONSALVES 808-254-7548
<b>MIRAMAR</b>	MCCS MCAS MIRAMAR ATTN: PAYROLL P.O. BOX 452008 SAN DIEGO, CA 92145-2008 POC: LIZA LACSON 858-577-4785	<b>NEW RIVER</b>	MCCS NEW RIVER ATTN: PAYROLL P.O. BOX 4128 JACKSONVILLE, NC 28540-0128 POC: SANDY GAGER 910-449-5841
<b>CAMP PENDLETON</b>	MCCS CAMP PENDLETON ATTN: FINANCIAL MANAGEMENT DIVISION BOX 555020 CAMP PENDLETON, CA 92055-5020 POC: JANETTE CRUZ 760-725-9004	<b>QUANTICO</b>	MCCS QUANTICO ATTN: PAYROLL 2034 BARNETT AVENUE QUANTICO, VA 22134-5099 POC: JANICE SOUTHERLAND 703-432-1827
<b>SOUTH CAROLINA</b>	MCCS SOUTH CAROLINA ATTN: PAYROLL P.O. BOX 55018 BEAUFORT, SC 29904 POC: LYNN DAUGHERTY 843-228-7697	<b>SAN DIEGO</b>	MCCS-MCRD SAN DIEGO 3800 CHOSIN AVENUE, BLDG 5 WEST SAN DIEGO, CA 92140 POC: SHARI JO STEPHENS 619-725-6239
<b>TWENTYNINE PALMS</b>	MCCS TWENTYNINE PALMS COMMANDING GENERAL ATTN: PAYROLL P.O. BOX 788150 BLDG 1533T2 29 PALMS, CA 92278-8150 POC: KIM AYALA 760-830-5637 x317	<b>YUMA</b>	MCCS YUMA ATTN: ACCOUNTING P.O. BOX 99119 YUMA, AZ 85369-9119 POC: KEN BARKER 928-269-3122
<b>BANGOR</b>	MCCS BANGOR 2102 DRUM CT SILVERDALE, WA 98315 POC: LEIGH WOJCIK 360-396-6013	<b>GARDEN CITY</b>	COMMANDANT OF THE MARINE CORPS PERSONAL FAMILY & READINESS DIV/MRG ATTN: PAYROLL 3044 CATLIN AVE QUANTICO, VA 22134-5099 POC: JANICE EAGLE 703-432-1269
<b>HEADQUARTERS (Headquarters Claims and Appeals Claims sent here)</b>	COMMANDANT OF THE MARINE CORPS PERSONAL FAMILY & READINESS DIV/MRG ATTN: PAYROLL 3044 CATLIN AVE QUANTICO, VA 22134-5099 POC: JANICE EAGLE 703-432-1269	<b>MARFORRES</b>	COMMANDER MARFORRES (G-1) ATTN: NAF HR 4400 DAUPHINE ST NEW ORLEANS, LA 70146 POC: CHRIS CAMBRE 504-678-0021
<b>RICHARDS-GEBAUR BILLETING</b>	RICHARDS-GEBAUR BILLETING (RGB) ATTN: MOBCOM/BILLETING FUND 15820 ELMWOOD AVENUE BLDG 250 KANSAS CITY, MO 64147 POC: KEN WITTKOPP 816-843-3850	<b>RICHARDS-GEBAUR CLUBS</b>	RICHARDS-GEBAUR BILLETING (RGM) ATTN: MOBCOM/BILLETING FUND 15820 ELMWOOD AVENUE BLDG 250 KANSAS CITY, MO 64147 POC: KEN WITTKOPP 816-843-3850

