



ARTICLE 1.6.B PAYMENT REQUEST FORM FOR SECOND ROUND OF DISBURSEMENTS

SECTION A:

Employee Name: _____
 Street Address: _____
 City/State/Zip: _____
 Contact Telephone Number: _____
 Employee Identification Number (EIN): _____
 Facility Name: _____
 Finance Number: _____

Article 1.6.B Settlement Eligibility Requirements:

Eligible recipients of the settlement must have been part-time flexible clerk craft employees or full-time regular clerk craft employees in Non-Traditional Full-Time (NTFT) duty assignments, who were on the rolls between the dates of May 7, 2011 and December 5, 2014 in a Level 15, 16, or 18 office.

On the Rolls Beginning (mm/dd/yyyy): _____
 (Between: May 7, 2011 and Dec. 5, 2014)
 On the Rolls Ending (mm/dd/yyyy): _____
 (Between: May 7, 2011 and Dec. 5, 2014)
 Number of Weeks on the Rolls During the Eligible Time Period: _____

Submit this request (and all supporting documents) to your **Clerk Craft National Business Agent**.

SECTION B:

Please Mark All Documents Provided:

Example of Documents to Prove Eligibility:

- ALL PS Form 50's during the eligibility period are required (eOPF *may* be provided by current employees)
- Employee Listing Report
- Clock Rings/Employee Everything Report
- Facility Database (FDB) – to support office size
- Other (please describe document): _____
- Notes to NBA: _____

★ Statements Are NOT Sufficient Proof

SECTION C:

FOR APWU NATIONAL BUSINESS AGENTS ONLY (DO NOT WRITE BELOW THIS LINE):

I, _____ National Business Agent for the _____ Region, hereby certify that the information provided by the local/state union has been verified as true and correct, and that the employee was on the rolls and eligible from _____ to _____ for a total of _____ weeks, at a rate of \$26.23 per week/share for a total payment of \$_____. If the employee was already on the initial master list for the first round of disbursement, but a payment discrepancy exists, enter the *net difference* still to be paid here: \$_____. The Regional Office will retain a copy of all disbursement requests and supporting documentation for proof of eligibility.

NBA will email only a completed and verified payment request form to Lamont Brooks (lbrooks@apwu.org) and send a courtesy copy to Geoff Knowles (gknowles@apwu.org).

X

 APWU National Business Agent

Date: _____