

DEPARTMENT OF TRANSPORTATION
OFFICE OF THE SECRETARY

DEPARTMENTAL PERSONNEL MANUAL SYSTEM

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DPM Chapter 841
Retain until superseded

DPM LETTER: 841-2

SUBJECT: Personnel and Payroll Office
Standard Procedures for Retirement
Case Processing

DATE: MAR 23 1969

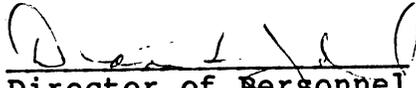
Attached is a revised form to replace the one we currently use as a cover sheet for all disability retirement cases. The line, "DATE OF APPLICATION," now requires the date of agency certification on the SF-2824E or SF-3105E as the date the employee applies for disability retirement. Notice that in parentheses, SF-2824E and SF-3105E have replaced SF-2801 to show this change.

The reason for the revision is the Office of Personnel Management's (OPM) method of "counting the 30-day clock" for disability retirement cases which is "the time period between the date that the application for disability retirement is formally accepted by the agency personnel office and the time that OPM received the Preliminary Individual Retirement Records." We are interpreting formal acceptance as the date all the disability retirement documentation is in the personnel office. Since the documentation is the SF-2824 or SF-3105, the date of certification by the Personnel Officer (or designee) is the date we should be showing for "DATE OF APPLICATION." AAC-25 will enter this date on the employee's Individual Retirement Record and send it to OPM along with the case documentation.

PLEASE DESTROY THE PREVIOUS VERSION OF THIS FORM. In addition, please annotate DPM Letters 831-1 and 841-1, same subject as above, to show that this revised form should be included with the retirement processing procedures. For identification purposes, a revision date is at the bottom of the form.

Questions regarding this letter should be directed to Terry Smith, M-17, 366-9440.

Attachment


Director of Personnel

Filing Instructions: File after DPM Chapter 841 Letters

Distribution: All FPM Subscribers; NTSB

OPI: M-17/TSmith/366-9440

APPLICATION FOR DISABILITY RETIREMENT

SSN: _____

NAME: _____

(LAST, FIRST, MIDDLE)

REGION: _____

DATE OF APPLICATION: _____
(SF-2824E or SF-3105E)

USE SL: _____
(YES) (NO)

DATE LEAVE ENDS: _____
(IF ON LEAVE, DATE LEAVE WILL EXPIRE)
(IF ON LWOP, LAST DAY EMPLOYEE WAS PAID)

BASIC LIFE
REDUCTION: _____
(75%) (50%) (NO)

* STANDARD OPTION: _____ → COVERAGE BEGAN: _____

* ADDITIONAL OPTION: _____ → COVERAGE BEGAN: _____

(LOWEST MULTIPLE
PAST 5 YEARS): _____

* FAMILY OPTION: _____ → COVERAGE BEGAN: _____

DUTY STATUS: _____
(WORKING, AL, SL, LWOP)

* NOTE (OPTIONAL CODES):

- (1) DECLINED
- (2) ELIGIBLE TO CONTINUE, SHOW WHEN COVERAGE BEGAN
- (3) NOT ELIGIBLE TO CONTINUE

RETIREMENT SYSTEM: CSRS _____
FERS _____

IF CSRS, WHAT IS SICK LEAVE BALANCE _____

SUBMITTED BY: _____

DATE: _____

NOTE: ENDING DATE OF LEAVE FURNISHED
BY: _____