NAVY EXCHANGE SERVICE COMMAND (NEXCOM)
Claim Form for Administrative Claims for Sunday Premium Pay
Current and Former Associates

This claim form is for use by current and former Nave Exchange System Craft and Trade, AS, and PS associates requesting Sunday premium payment for scheduled shifts during past periods of employment with their current or former Navy Exchange System employer. Claims must be submitted not later than 26 May 2015.

Pay Banding pay plan associates (NF) are not eligible for retroactive Sunday premium pay.

Name_____ NEX ID#_____ Date_____

Current Mailing Address _____

Current Telephone Number/Email Address _____

Employing Navy Exchange/location:_____

Dates of CT/AS/PS Employment (mo/yr): _____

Note: Associates who have worked at more than one Navy Exchange (NEX) or another NAF employer must file separate claims with each employer.

Certification – My signature below certifies that the following statements are true and that I believe I meet the requirements below for Sunday premium pay for non full time NA/NL/NS/AS/PS pay plan employees:

I was employed in a non full-time status (less than 40 hr/week schedule) for each claim period identified above, in a Craft and Trade (NA/NL/NS) or AS/PS pay plan job classification, and:

- My work schedule included Sunday as part of the official work week.
- I have attached documentation (i.e. work schedules, timecards, etc.) to support my claim for Sunday Premium Pay*

*** Note: To the extent NEX/NEXCOM pay and time & attendance records are available, exchanges will attempt to validate and document associate claims. However, associates have the burden of proof to substantiate the claim. No payments will be made in cases when exchange records are not available, do not support claims, and associates do not provide adequate documentation to validate and document their claims.**

I understand and accept that the filing of 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 Pay for that period of employment. I acknowledge that acceptance of remedial payment resulting from a claim filed under these procedures against this NAF Employer for Sunday Premium Pay earned during the period of time covered by this claim will be a final settlement of all claims that I may have against the Government arising from non payment of Sunday Premium Pay under Fathauer v. United States.

SIGNATURE OF CLAIMANT _____ DATE SIGNED _____

Office Use:
Received By: _____ 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 Sunday Premium 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.