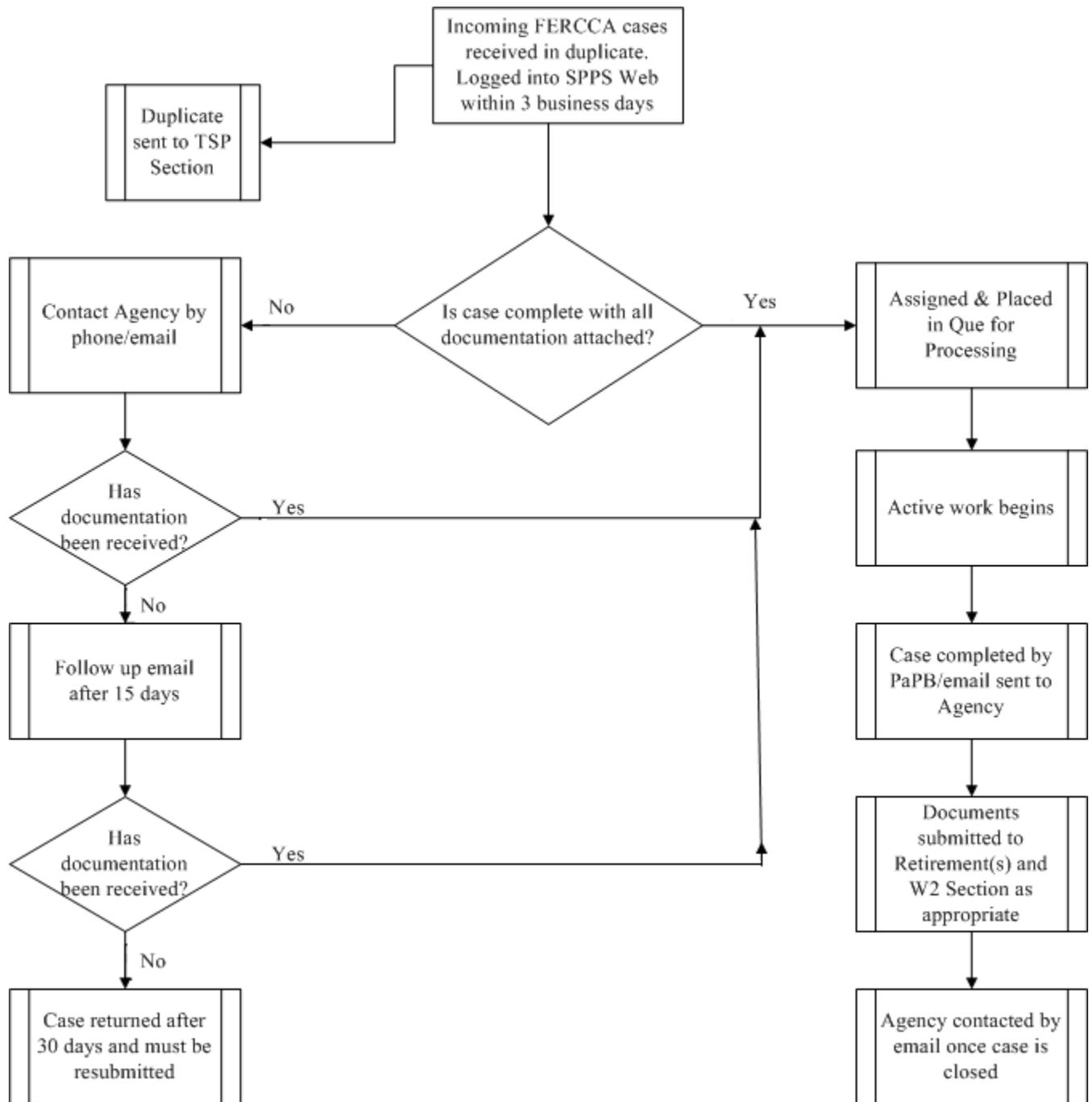


## NFC FERCCA Process Flow Chart



RETIREMENT SYSTEM ADJUSTMENT WORKSHEET  
FOR PRIOR-TO-CONVERSION DEDUCTIONS

Agency: XX SON: XXXX  
 Name: Pan, Peter Q. SSN: 123-45-6789  
 Year: 1988 Retirement Plan: FERS

PPD	Retirement Base Pay	OASDI Wages	Medicare Wages	Retirement Deductions	OASDI Deductions	Medicare Deductions
25						
26						
1						
2						
3						
4	278.80	278.80	278.80	0.00	16.90	4.04
5	529.72	529.72	529.72	0.00	32.10	7.68
6	522.75	522.75	522.75	5.18	31.68	7.58
7	515.78	515.78	515.78	12.45	63.36	7.48
8	536.69	538.48	538.48	5.04	32.63	7.81
9	557.60	557.60	557.60	5.24	33.79	8.09
10	432.14	435.20	435.20	4.06	26.38	6.31
11	529.72	529.72	529.72	4.98	32.10	7.68
12	501.84	501.84	501.84	4.72	30.41	7.28
13	453.05	453.05	453.05	4.26	27.46	6.56
14	195.16	195.16	195.16	1.83	11.83	2.83
15	0.00	0.00	0.00	0.00	0.00	0.00
16	0.00	0.00	0.00	0.00	0.00	0.00
17	0.00	0.00	0.00	0.00	0.00	0.00
18	1,232.50	1,232.50	1,232.50	11.58	74.68	17.87
19	0.00	0.00	0.00	0.00	0.00	0.00
20	0.00	0.00	0.00	0.00	0.00	0.00
21	0.00	0.00	0.00	0.00	0.00	0.00
22	0.00	0.00	0.00	0.00	0.00	0.00
23	0.00	0.00	0.00	0.00	0.00	0.00
24	0.00	0.00	0.00	0.00	0.00	0.00
	<u>6,285.75</u>	<u>6,290.60</u>	<u>6,290.60</u>	<u>59.34</u>	<u>413.32</u>	<u>91.21</u>

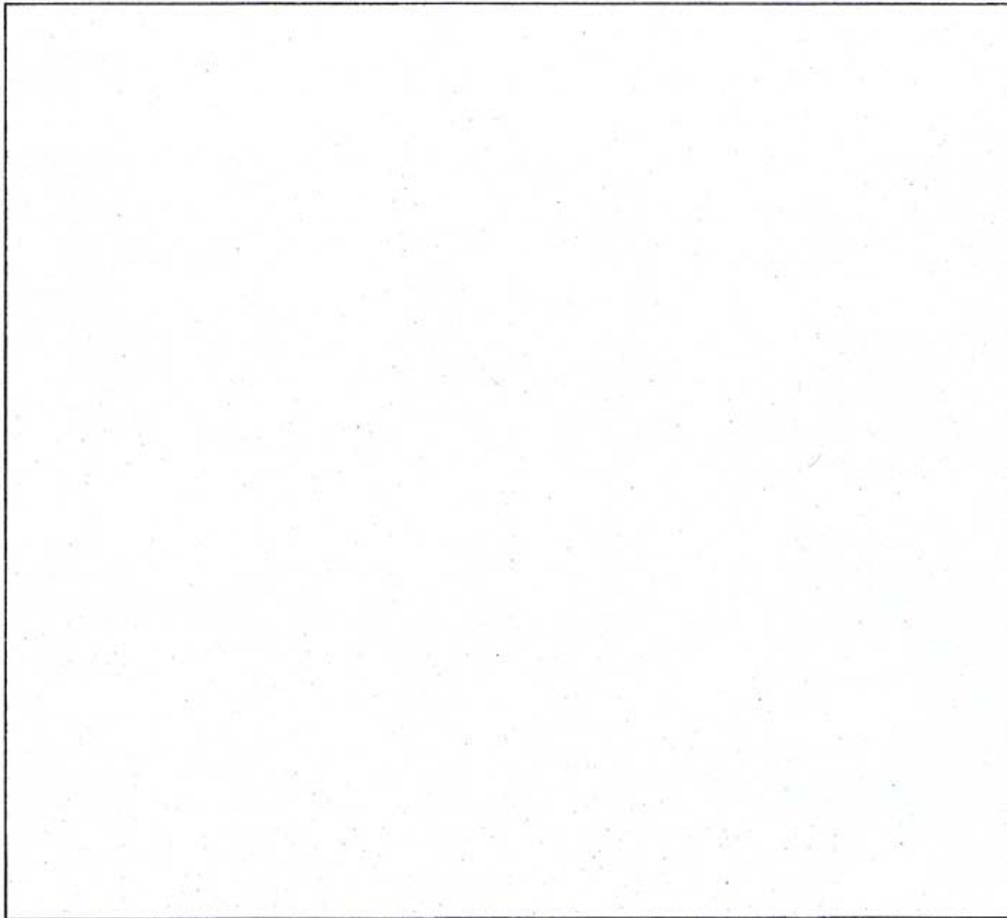
### Form AD-343, Payroll Action Request

PAYROLL ACTION REQUEST		2. ADJUSTMENT PERIOD (Inclusive)			
		FROM		TO	
		DATE	PIP	DATE	PIP
1.	XX-12-12345	PERSONNEL OFFICE SEQUENTIAL REQUEST NUMBER		12-15-2006	
3.		4. FROM			
<b>INSTRUCTIONS ON REVERSE OF AGENCY COPY PLEASE READ CAREFULLY</b>		AGENCY CODE	PERSONNEL OFFICE IDENTIFIER	ACCT. STATION CODE	
		XX	XXXX	XXXX	
<b>U.S. DEPARTMENT OF AGRICULTURE NATIONAL FINANCE CENTER PO BOX 60000 NEW ORLEANS LA 70160</b>		AGENCY NAME AND MAILING ADDRESS			
		Sample Agency 1234 Main Street			
		CITY	STATE	ZIP CODE	
		Anywhere	ST	12345	
		5. EMPLOYEE'S T&A CONTACT POINT			
		6. FLSA			
		<input type="checkbox"/> EXEMPT		<input type="checkbox"/> NON-EXEMPT	
		7. RETIREMENT COVERAGE CODE			
		8. TYPE EMPLOYMENT			
		<input type="checkbox"/> FULL-TIME		<input type="checkbox"/> INTERMIT-TENT	
		<input type="checkbox"/> PART-TIME		<input type="checkbox"/> REEMPLOYED ANNUITANT	
		<input type="checkbox"/> ALTERNATE WORK SCHEDULE			
9. SOCIAL SECURITY NO.		10. EMPLOYEE'S NAME (Last, First, Middle Initial)			
123-45-6789		Pan, Peter Q.			
11. NATURE OF ACTION TO BE TAKEN		12. TERMINATED			
Pre- and Post-Conversion Retirement Coverage Code Correction TSP Adjustment IRR Correction				IF YES → DATE TERMINATED	
		<input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES	
13. EXPLANATION OF CIRCUMSTANCES WHICH REQUIRE THIS ACTION		CHECK MAILING ADDRESS OR DESIGNATED AGENT NUMBER			
<p style="text-align: center;">THIS IS A FERCCA CASE.</p> <p>Correction to SF-2806 and SF-3100 and TSP adjustment needed.</p> <p>Employee was erroneously placed in FERS (K) effective 2/07/1988. Should have been CSRS (1). Employee was then incorrectly placed in FERS on 1/22/1995. Should have been FICA (2). Employee should have been CSRS-Offset effective 11/12/1995.</p> <p>See supplemental page for summary of corrections.</p>		14. GROSS AMOUNT OF ADJUSTMENT			
		\$			
		15. ACCOUNTING DATA TO BE CHARGED AND/OR CREDITED			
		07XXXXXXXX9999999			
16. ATTACHMENTS SUPPORTING OR AUTHORIZING THIS ACTION					
		OPM letter of FERCCA eligibility. Corrected SF50's. Pre-conversion retirement deduction worksheet. Copies of pre-conversion SF3100's and SF2806's			
17. PERSON TO BE CONTACTED FOR ADDITIONAL INFORMATION		TELEPHONE (Area Code and Number)			
Mary A. Poppins		123/456-7890			
18. EMPLOYEE'S SIGNATURE AND DATE SIGNED (If Required)					
19. APPROVAL					
AUTHORIZED OFFICIAL'S SIGNATURE AND TITLE				DATE APPROVED	

**Sample Supplement to Form AD-343**

**SUPPLEMENT TO BLOCK #13 OF AD343  
EXPLANATION OF CIRCUMSTANCES THAT REQUIRE THIS ACTION**

SSN: \_\_\_\_\_  
Employee's Name \_\_\_\_\_  
Agency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

A large, empty rectangular box with a thin black border, intended for the user to provide a detailed explanation of the circumstances that require the action described in the form.

**Sample Supplement to Form AD-343****SUPPLEMENT TO BLOCK #13 OF AD343  
EXPLANATION OF CIRCUMSTANCES THAT REQUIRE THIS ACTION**

SSN: 123-45-6789  
Employee's Name Pan, Peter Q.  
Agency Contact Mary Poppins Phone: 123/456-7890

1. Change retirement code from "K" to "1" from 2/7/1988 through 2/28/1989.  
Please remove agency TSP contributions and residual earnings from employee's TSP account.  
Employee TSP contributions will remain in TSP account (no refund allowed prior to 1/1/2000).
2. Change retirement code from "K" to "2" from 1/22/1995 through 11/11/1995.  
Please remove agency TSP contributions and residual earnings from employee's TSP account.  
Employee TSP contributions will remain in TSP account (no refund allowed prior to 1/1/2000).
3. Change retirement code from "K" to "C" from 11/12/1995 through 6/24/2000.