

Checklist for Federal Employees Returning to Duty (RTD) after LWOP

INSTRUCTIONS

- Fill in the blanks or initial as appropriate for each item listed below.
- Sign, date, and provide all pages of this package to your Supervisor, then to HRO for processing *prior to your return to duty*. Any delays may cause debts or a lapse in benefits.
- Retain a copy of this package for your own records and future reference

1. INDIVIDUAL INFORMATION

Name:	LAST 4 OF SSN:	Pay Plan-Series-Grade:	
Street Address:	City:	State:	Zip:
Phone Number where you may be reached:	Email where you may be reached:		

2. EMPLOYEE AND SUPERVISOR ACKNOWLEDGEMENT OF RESPONSIBILITIES

Employee Responsibilities

Initials:	I understand it is my responsibility to contact my supervisor to coordinate my physical return to duty <i>prior to my return to work</i> , and complete and submit this form no later than 14 days before my return. Failure to do so will result in a delay of my civilian pay, potential debt accrual, and potential delay or loss of benefits. I also understand it is my responsibility to contact payroll in order to keep current on any allotments or garnishments if applicable.
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Supervisor Responsibilities

I understand it is my responsibility to ensure my employee completes this form prior to returning to a paid status. I also understand I must send this completed form to the ANG HRO Liaison or to HRO (ARNG), or my employee may experience delayed pay, accrue debts, and a delay or loss of benefits. I can access MyBiz to ensure the Return to Duty SF50 is processed for my employee.

Supervisor's Signature:	Date:	Supervisor's Phone Number:
Supervisor's Printed Name	Supervisor's Email Address:	

3. RETURNING TO DUTY

Initials:	My last day using code "KA" on ATAAPS will be: _____.
	I will return to duty/pay status on: _____.

4. TSP LOAN

Select **ONE** of the following options and initial:

Initials:	<p style="text-align: center;">I DID owe on a TSP loan upon entering LWOP but I PAID IT OFF prior to my Return to Duty</p> <p style="text-align: center;">I DO owe on a TSP loan and I understand payments towards this loan will resume upon my Return to Duty</p> <p style="text-align: center;">DID NOT owe on a TSP loan upon entering Leave Without Pay Status</p>
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5. FEDERAL EMPLOYEE'S HEALTH BENEFITS (FEHB)	
Select ONE of the following options and initial:	
Initials:	<p>I TERMINATED my FEHB upon entering LWOP and I want to REINSTATE it immediately. I understand HRO will complete an SF 2810 and send it to my FEHB carrier to process this request.</p> <p>I KEPT my FEHB upon entering LWOP and I want to leave my coverage as is. I understand I have 60 days from my Return to Duty date to make changes to my plan if I wish. I can make changes through GRB by visiting https://abc.army.mil/abc/ and clicking on "Login to GRB Platform" or by calling ABC-C at 1-877-276-9287, "Option 3".</p>

6. FEDERAL EMPLOYEE'S GROUP LIFE INSURANCE (FGLI)	
Initials:	<p>I understand the following information:</p> <p>If I am not enrolled in FGLI, this is not applicable to me. If I am enrolled and coverage was terminated due to exceeding 12 or 24 months in a non-pay status, per the option I chose upon entering an LWOP status, HRO will immediately reinstate my previous coverage upon my Return to Duty.</p> <p>I must remain in a pay status for four months following my Return to Duty date in order to be eligible for another 12-month period of free coverage. If I enter a non-pay status within the next four months, the previous 12-month period will resume; I will not be eligible to start a new period.</p>

7. EMPLOYEE SIGNATURE	
My signature acknowledges that I read, understand, and personally completed this checklist, and I understand the implications of my entries.	
Signature:	Date:

HR Reviewer