

**TECHNICIAN REQUEST FOR RETROACTIVE THRIFT SAVINGS PLAN (TSP) CONTRIBUTIONS
OR**

INVESTMENT OF GOVERNMENT FUNDS

For us of this form, see Public Law 103-353. The proponent agency is Idaho National Guard - HRO.

PRIVACY ACT STATEMENT

AUTHORITY: PL 103-353, 1994, Uniformed Services Employment and reemployment Rights Act (USERRA).
PRINCIPAL PURPOSE: For employees to make retroactive TSP contributions following periods of ABSENT - US.
ROUTINE USES: For employees to make retroactive TSP contributions following periods of ABSENT - US.
DISCLOSURE: Voluntary

SECTION A - EMPLOYEE INFORMATION

Employee's Name:	SSN:	Date of Birth:
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SECTION B - EMPLOYEE CERTIFICATION

1. I want to make retroactive payments and I understand that my contributions will be doubled for as many pay periods as I was in ABSENT-US. I wish to have my retroactive contributions based on:

a. * The TSP-1 Form in effect at the time I went on ABSENT-US. In other words, I wish to continue my TSP contributions as elected at the time I entered ABSENT-US.

OR

b. A new TSP-1 Form (attached). I wish to change my election as indicated to be effective on _____ (the new TSP-1 Form can not be effective before the first full pay period beginning after the start of the election period.)

c. I want the government matching funds invested in the G Fund.

2. * FERS ONLY: I am NOT making retroactive payments, however I am eligible to receive government matching contributions (the automatic 1% contributions plus any matching contributions which are based on contributions I made into my Uniformed Services TSP during the period I was in ABSENT-US.

a. I want the government matching funds invested according to the most current contribution allocations.

OR

b. I want the government matching funds invested in the G Fund.

Employee's Signature: _____ Date: _____

SECTION C - REQUIRED DOCUMENTATION

1. Started LWOP-US on: _____ 2. Returned to Duty on: _____
(Use a separate form for each period of LWOP-US.)

a. Copy of LWOP-US SF50-B attached.

c. Copy of Returned to Duty SF50-B attached.

b. Copy of all Military LES's or or TSP Statements.

d. Copy of TSP-1 Form attached.
 *N/A TSP Form not needed.

SECTION D - CERTIFICATION BY HRO PERSONNEL

1. Name:	2. Office Title:	3 Idaho National Guard Human Resources Office 4794 Farman St., Bldg 442 Boise, ID 83705-8112
4. Date:	5. Telephone Number:	
6. Signature:		