

CLAIM FORM

PERSONAL INFORMATION

If your name and/or address are different than the pre-printed information on the website or form mailed to you, you must fill in the correct information below:

Name: _____

Address: _____

City; _____, State _____, Zip _____

EMPLOYMENT INFORMATION:

1. Were you employed in one or more of the following positions and grades, and if so, on what date (Check all that apply)

I was employed as	Position and Grades	Start Date	End Dates
Investigator grades 9-12		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___
Mediator grades 12-13		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___
Paralegal 9-11		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___

2. For each pay period in each calendar year, fill in the extra hours you claim to have worked (and as may be relevant with employees on a Basic work schedule, the time of day. For electronic filing, attach any documents you believe support your claim to each applicable pay period. If you cannot attach the documents in adobe pdf format, send them in with your claim ID number and the applicable pay period on each document, within three business days to :

EEOC Overtime Claims Administrator
c/o RUST Consulting, Inc.
P.O. Box 2396
Faribault, MN 55021-9096

Description of Work Schedules:

Basic – five days a week; working the official duty hours of the office	Flexitour – five days a week; fixed working start and stop time different from official duty hours of the office, and selected by the employee	Gliding – five days a week; arrival time selected daily by employee	Compressed 4/10 – 4 days per week ten hour per day	Compressed 5/4/9	Compressed 4/9/4	
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WORKSHEET

Pay Period Number/Dates (fill in as needed)	Hours worked in excess of 40(or 80 if on a compressed work schedule) per week	Your work schedule for the pay period	If on a Basic work schedule the time of day you worked the additional hours(fill in)	Official hours of the office during the pay period	Compensatory time used during the pay period (Please check one box, yes or no)	If Yes, compensatory time hours received during the pay period	If yes compensatory time hours used during the pay period	Do you believe the Agency has emails which will support your claim (Check yes or no)
	___ ___ hours	___ Basic ___ Flexitour ___ Gliding ___ Compressed 4/10 ___ Compressed 5/4/9 ___ Compressed 4/9/4		___ a.m to ___ p.m.	___ Yes ___ No	___ hours	___ hours	___ Yes ___ No
	___ ___ hours	___ Basic ___ Flexitour ___ Gliding ___ Compressed 4/10 ___ Compressed 5/4/9 ___ Compressed 4/9/4		___ a.m to ___ p.m.	___ Yes ___ No	___ hours	___ hours	___ Yes ___ No
	___ ___ hours	___ Basic ___ Flexitour ___ Gliding ___ Compressed 4/10 ___ Compressed 5/4/9 ___ Compressed 4/9/4		___ a.m to ___ p.m.	___ Yes ___ No	___ hours	___ hours	___ Yes ___ No
	___ ___ hours	___ Basic ___ Flexitour		___ a.m to ___ p.m.	___ Yes ___ No	___ hours	___ hours	___ Yes ___ No

		<input type="checkbox"/> Gliding <input type="checkbox"/> Compressed 4/10 <input type="checkbox"/> Compressed 5/4/9 <input type="checkbox"/> Compressed 4/9/4						
	___ hours	<input type="checkbox"/> Basic <input type="checkbox"/> Flexitour <input type="checkbox"/> Gliding <input type="checkbox"/> Compressed 4/10 <input type="checkbox"/> Compressed 5/4/9 <input type="checkbox"/> Compressed 4/9/4		___ a.m to ___ p.m.	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ hours	___ hours	<input type="checkbox"/> Yes <input type="checkbox"/> No
	___ hours	<input type="checkbox"/> Basic <input type="checkbox"/> Flexitour <input type="checkbox"/> Gliding <input type="checkbox"/> Compressed 4/10 <input type="checkbox"/> Compressed 5/4/9 <input type="checkbox"/> Compressed 4/9/4		___ a.m to ___ p.m.	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ hours	___ hours	<input type="checkbox"/> Yes <input type="checkbox"/> No
	___ hours	<input type="checkbox"/> Basic <input type="checkbox"/> Flexitour <input type="checkbox"/> Gliding <input type="checkbox"/> Compressed 4/10 <input type="checkbox"/> Compressed 5/4/9 <input type="checkbox"/> Compressed 4/9/4		___ a.m to ___ p.m.	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ hours	___ hours	<input type="checkbox"/> Yes <input type="checkbox"/> No