

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

INVESTMENT OF GOVERNMENT MATCHING FUNDS
For use of this form, see Public Law 103-353; the proponent agency is OKHRO.

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 Leave Without Pay – US (LWOP)
 ROUTINE USE: For employees to make retroactive TSP contributions following periods of Leave Without Pay – US (LWOP)
 DISCLOSURE: Voluntary

SECTION A – EMPLOYEE INFORMATION

1. Employee's Name	2. SSAN	3. 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 LWOP-US. I wish to have my retroactive contributions base on:

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

OR

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

AND

b. I want the government matching funds invested according to the most current TSP 50 Form on file.

OR

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% matching contributions plus any matching contributions which are based on contributions I made into my Uniform Services TSP during the period I was on LWOP-US).

I want the government matching funds invested according to the most current TSP-50 Form on file.

OR

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

Employee 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 SF 50-B attached. c. Copy of Returned to Duty SF 50-B attached.

b. Copy of all Military LES's attached. d. Copy of TSP-1Form attached.
 *N/A TSP Form not needed.

SECTION D – CERTIFICATION BY HRO PERSONNEL

1. Name	2. Official Title	3. Address Oklahoma Military Department ATTN: OKHRO-ES 3501 Military Circle Oklahoma City, OK 73111-4398
4. Date	5. Telephone Number	
6. Signature		