

Exhibit 2

Employee Notifications

VA Letterhead

EMPLOYEE NOTIFICATION
(General)

Date:

SUBJ: Compliance with Arbitration Award – Performance Improvement Plans, *AFGE, Nat'l Veterans Affairs Council #53, and Department of Veterans Affairs*, FMCS Case No. 181117-01691

[Employee Name]

You have been identified as a current or former employee of the United States Department of Veterans Affairs (VA) and American Federation of Government Employees (AFGE) bargaining unit employee who received a performance-based adverse action under the authority of 38 U.S.C. 714, without receiving a Performance Improvement Plan (PIP) in accordance with the AFGE Master Collective Bargaining Agreement (MCBA).

NOTE: If you previously received a notice from VA concerning this case, please be advised that this Employee Notification supersedes the original notice, and you should complete the enclosed Remedy Election Form.

As a result of the arbitration award issued by Jerome H. Ross on August 23, 2018, in *AFGE, Nat'l Veterans Affairs Council #53, and Dep't of Veterans Affairs*, FMCS Case No. 181117-01691, VA was ordered to (1) resume compliance with Article 27, Section 10 of the MCBA; (2) rescind any adverse action taken against bargaining unit employees under the authority of 38 U.S.C. §714 for unacceptable performance who did not receive a PIP in compliance with Article 27, Section 10 of the MCBA; and (3) reinstate, and/or make whole any such bargaining unit employee, including but not limited to back pay, restored leave, and other benefits.

In compliance with the arbitration award, VA conducted a review of performance-based adverse actions. Upon review of your action, it was determined that you were **[insert removed/demoted/suspended]** from the position of **[insert GS[occupational series]-[grade], [position title]]** without first receiving a PIP as required by the MCBA. Consistent with the arbitration award, VA will rescind this performance-based adverse action. You are eligible for make whole relief, including reinstatement to your previous position of **[insert GS[occupational series]-[grade], [position title]]** if you were removed or demoted.

Please carefully review the attached Frequently Asked Questions before you make your election.

Response Instructions & Remedy Election Form

If you were suspended, no further action is required. VA will rescind the suspension and provide make whole relief.

If you were demoted or removed, please return the enclosed Remedy Election Form with your decision to be reinstated and made whole or made whole without reinstatement. Your response must be provided to VA no later than 150 calendar days from the above date of this Employee Notification. Otherwise, you are waiving your rights to any relief (including reinstatement, back pay, and other benefits) under the arbitration award.

Please respond to this Employee Notification as soon as possible to obtain relief. Back pay will only continue to accrue to the date you execute the Remedy Election Form or 90 calendar days from the date of the Employee Notification, whichever is earlier.

Once VA receives your Remedy Election Form, you will receive written instructions to provide necessary information in order to receive the make whole relief, and if you elect to be reinstated, you will also be provided with the procedures for reporting to duty.

You can submit your Remedy Election Form by email, mail, or facsimile using the information provided below:

- EMAIL: VA714PIPCompliance@va.gov
- MAIL: [Contact name] at (address)
- FACSIMILE: [Contact name] at (fax number)

Email is the preferred response method to ensure timely receipt of the Remedy Election Form. If email is not used, it may be difficult to demonstrate timely receipt.

Interest Rates Used for Computation of Back Pay

Information on the interest rates used for the computation of back pay is available at <https://www.opm.gov/policy-data-oversight/pay-leave/pay-administration/fact-sheets/interest-rates-used-for-computation-of-back-pay>.

Back Pay Interest Calculator

A calculator that may be used to estimate the interest due on a back pay award is available at <https://www.opm.gov/policy-data-oversight/pay-leave/back-pay-calculator>. In order to complete the back pay calculations, you will be asked to submit all replacement earnings during the period of your removal, demotion, or suspension.

FAQs

Frequently asked questions related to this Employee Notification are separately attached to this Employee Notification.

[insert CHRO Name]
[insert VISN]

REMEDY ELECTION FORM

This form only needs to be completed if you were removed or demoted from your position at VA without first receiving a performance improvement plan in accordance with the AFGE Master Collective Bargaining Agreement.

As a reminder, this Remedy Election Form must be submitted (i.e., emailed, faxed, or mailed) no later than 150 calendar days from the date of this Employee Notification concerning the Arbitration Award – Performance Improvement Plans, *AFGE, Nat'l Veterans Affairs Council #53, and Department of Veterans Affairs*, FMCS Case No. 181117-01691.

Please note that back pay will stop accruing 90 calendar days after the date of this Employee Notification. Please respond to this Employee Notification as soon as possible to obtain relief.

[insert EMPLOYEE NAME]:
[insert VA FACILITY NAME]:

I elect to receive the following remedy: (check one and initial below)

☐

- 1. Reinstated and made whole.** This means you are choosing to return to your previous position/grade at VA. You understand that VA may deduct replacement earnings from your back pay.

(initial)

☐

- 2. Made whole without reinstatement.** This means you are choosing not to return to VA or your previous position/grade. You understand that VA may deduct replacement earnings from your back pay.

(initial)

You can submit this Remedy Election Form by mail, email, or facsimile using the contact information provided on this Employee Notification you received from VA.

Email is the preferred response method to ensure timely receipt of the Remedy Election Form. If email is not used, it may be difficult to demonstrate timely receipt.

For questions, please review the FAQs separately attached to this Employee Notification. You may also contact the VA point-of-contact identified in this Employee Notification, and/or email AFGE at 714actions@afge.org.

EMPLOYEE SIGNATURE

DATE

EMPLOYEE PHONE NUMBER

VA Letterhead

EMPLOYEE NOTIFICATION
(Resigned in lieu of)

Date:

SUBJ: Compliance with Arbitration Award – Performance Improvement Plans, *AFGE, Nat'l Veterans Affairs Council #53, and Department of Veterans Affairs*, FMCS Case No. 181117-01691

[Employee Name]

You have been identified as a current or former employee of the United States Department of Veterans Affairs (VA) and American Federation of Government Employees (AFGE) bargaining unit employee who, on or after November 16, 2020, resigned in lieu of receiving a performance-based adverse action under the authority of 38 U.S.C. 714, without receiving a Performance Improvement Plan (PIP) in accordance with the AFGE Master Collective Bargaining Agreement (MCBA).

NOTE: If you previously received a notice from VA concerning this case, please be advised that this Employee Notification supersedes the original notice, and you should complete the enclosed Remedy Election Form.

As a result of the arbitration award issued by Jerome H. Ross on August 23, 2018, in *AFGE, Nat'l Veterans Affairs Council #53, and Dep't of Veterans Affairs*, FMCS Case No. 181117-01691, VA was ordered to (1) resume compliance with Article 27, Section 10 of the MCBA; (2) rescind any adverse action taken against bargaining unit employees under the authority of 38 U.S.C. §714 for unacceptable performance who did not receive a PIP in compliance with Article 27, Section 10 of the MCBA; and (3) reinstate, and/or make whole any such bargaining unit employee, including but not limited to back pay, restored leave, and other benefits.

In compliance with the arbitration award, VA conducted a review of performance-based adverse actions. Upon review of your action, it was determined that you resigned in lieu of receiving a [insert removed/demoted/suspended] from the position of [insert GS[occupational series]-[grade], [position title]] without first receiving a PIP as required by the MCBA. Consistent with a Settlement Agreement reached between VA and AFGE, you are eligible for make whole relief, including reinstatement to your previous position of [insert GS[occupational series]-[grade], [position title]].

Please carefully review the attached Frequently Asked Questions before you make your election.

Response Instructions & Remedy Election Form

As an employee who resigned in lieu of receiving an adverse action, please return the enclosed Remedy Election Form with your decision to be reinstated and made whole or

made whole without reinstatement. Your response must be provided to VA no later than 150 calendar days from the above date of this Employee Notification. Otherwise, you are waiving your rights to any relief (including reinstatement, back pay, and other benefits) under the arbitration award.

Please respond to this Employee Notification as soon as possible to obtain relief. Back pay will only continue to accrue to the date you execute the Remedy Election Form or 90 calendar days from the date of the Employee Notification, whichever is earlier.

Once VA receives your Remedy Election Form, you will receive written instructions to provide necessary information in order to receive the make whole relief, and if you elect to be reinstated, you will also be provided with the procedures for reporting to duty.

You can submit your Remedy Election Form by email, mail, or facsimile using the information provided below:

- EMAIL: VA714PIPCompliance@va.gov
- MAIL: [Contact name] at (address)
- FACSIMILE: [Contact name] at (fax number)

Email is the preferred response method to ensure timely receipt of the Remedy Election Form. If email is not used, it may be difficult to demonstrate timely receipt.

Interest Rates Used for Computation of Back Pay

Information on the interest rates used for the computation of back pay is available at <https://www.opm.gov/policy-data-oversight/pay-leave/pay-administration/factsheets/interest-rates-used-for-computation-of-back-pay>.

Back Pay Interest Calculator

A calculator that may be used to estimate the interest due on a back pay award is available at <https://www.opm.gov/policy-data-oversight/pay-leave/back-pay-calculator>. In order to complete the back pay calculations, you will be asked to submit all replacement earnings during the period between your resignation and the date of your election.

FAQs

Frequently asked questions related to this Employee Notification are separately attached to this Employee Notification.

[insert CHRO Name]

[insert VISN]

REMEDY ELECTION FORM

This Remedy Election Form must be submitted (i.e., emailed, faxed, or mailed) no later than 150 calendar days from the date of this Employee Notification concerning the Arbitration Award – Performance Improvement Plans, *AFGE, Nat'l Veterans Affairs Council #53, and Department of Veterans Affairs*, FMCS Case No. 181117-01691.

[insert EMPLOYEE NAME]:

[insert VA FACILITY NAME]:

I elect to receive the following remedy: (check one and initial below)

☐

- 1. Reinstated and made whole.** This means you are choosing to return to your previous position/grade at VA. You understand that VA may deduct replacement earnings from your back pay.

(initial)

☐

- 2. Made whole without reinstatement.** This means you are choosing not to return to VA or your previous position/grade. You understand that VA may deduct replacement earnings from your back pay.

(initial)

You can submit this Remedy Election Form by mail, email, or facsimile using the contact information provided on this Employee Notification you received from VA.

Email is the preferred response method to ensure timely receipt of the Remedy Election Form. If email is not used, it may be difficult to demonstrate timely receipt.

For questions, please review the FAQs separately attached to this Employee Notification. You may also contact the VA point-of-contact identified in this Employee Notification, and/or email AFGE at 714actions@afge.org.

EMPLOYEE SIGNATURE

DATE

EMPLOYEE PHONE NUMBER

VA Letterhead

EMPLOYEE NOTIFICATION
(Settlement Agreement)

Date:

SUBJ: Compliance with Arbitration Award – Performance Improvement Plans, *AFGE, Nat'l Veterans Affairs Council #53, and Department of Veterans Affairs*, FMCS Case No. 181117-01691

[Employee Name]

You have been identified as a current or former employee of the United States Department of Veterans Affairs (VA) and an American Federation of Government Employees (AFGE) bargaining unit employee who, on or after November 16, 2020, executed a Settlement Agreement with VA after receiving a performance-based adverse action under the authority of 38 U.S.C. §714, without receiving a Performance Improvement Plan (PIP) in accordance with the AFGE Master Collective Bargaining Agreement (MCBA).

NOTE: If you previously received a notice from VA concerning this case, please be advised that this Employee Notification supersedes the original notice, and you should complete the enclosed Remedy Election Form.

As a result of the arbitration award issued by Jerome H. Ross on August 23, 2018, in *AFGE, Nat'l Veterans Affairs Council #53, and Dep't of Veterans Affairs*, FMCS Case No. 181117-01691, VA was ordered to (1) resume compliance with Article 27, Section 10 of the MCBA; (2) rescind any adverse action taken against bargaining unit employees under the authority of 38 U.S.C. §714 for unacceptable performance who did not receive a PIP in compliance with Article 27, Section 10 of the MCBA; and (3) reinstate, and/or make whole any such bargaining unit employee, including but not limited to back pay, restored leave, and other benefits.

In compliance with the arbitration award, VA conducted a review of performance-based adverse actions. Upon review of your action, it was determined that you were **[insert removed/demoted/suspended]** from the position of **[insert GS[occupational series]-[grade], [position title]]** without first receiving a PIP as required by the MCBA. However, our review indicated that you subsequently executed a Settlement Agreement with VA concerning this matter on or after November 16, 2020. You are receiving this Employee Notification because you have the option to elect an alternative remedy if you choose to do so. On the enclosed Remedy Election Form, you may indicate if you prefer to maintain your Settlement Agreement or elect an alternative remedy, such as reinstatement to your previous position. Consistent with a Settlement Agreement reached between VA and AFGE, VA will rescind this performance-based adverse action. You are eligible for make whole relief, including reinstatement to your previous position of **[insert GS[occupational series]-[grade], [position title]]** if you were removed or demoted.

Please carefully review the attached Frequently Asked Questions before you make your election.

Response Instructions & Remedy Election Form

As an employee who previously executed a Settlement Agreement with VA, you may elect to maintain your Settlement Agreement or rescind your Settlement Agreement.

- If you elect to maintain your Settlement Agreement, no further action is required. You may return the enclosed Remedy Election Form, so that we do not send additional notifications.
- If you elect to rescind your Settlement Agreement, you will be required to return any compensation paid to you under the terms of that agreement. **You will be required to return the compensation through the VA's debt collection process.** You must also elect to be reinstated and made whole or made whole without reinstatement.

Please return the enclosed Remedy Election Form with your decision(s). Your response must be provided to VA no later than 150 calendar days from the above date of this Employee Notification. Otherwise, you will maintain your Settlement Agreement and are waiving your rights to any alternative relief (including reinstatement, back pay, and other benefits) under the arbitration award.

Please respond to this Employee Notification as soon as possible to obtain relief. Back pay will only continue to accrue to the date you execute the Remedy Election Form or 90 calendar days from the date of the Employee Notification, whichever is earlier.

Once VA receives your Remedy Election Form, you will receive written instructions to provide necessary information in order to receive the make whole relief, if applicable, and if you elect to be reinstated, you will also be provided with the procedures for reporting to duty.

You can submit your Remedy Election Form by email, mail, or facsimile using the information provided below:

- EMAIL: VA714PIPCompliance@va.gov
- MAIL: [Contact name] at (address)
- FACSIMILE: [Contact name] at (fax number)

Email is the preferred response method to ensure timely receipt of the Remedy Election Form. If email is not used, it may be difficult to demonstrate timely receipt.

Interest Rates Used for Computation of Back Pay

Information on the interest rates used for the computation of back pay is available at <https://www.opm.gov/policy-data-oversight/pay-leave/pay-administration/fact-sheets/interest-rates-used-for-computation-of-back-pay>.

Back Pay Interest Calculator

A calculator that may be used to estimate the interest due on a back pay award is available at <https://www.opm.gov/policy-data-oversight/pay-leave/back-pay-calculator>. In order to complete the back pay calculations, you will be asked to submit all replacement earnings during the period of your removal, demotion, or suspension.

FAQs

Frequently asked questions related to this Employee Notification are separately attached to this Employee Notification.

[insert CHRO Name]

[insert VISN]

REMEDY ELECTION FORM

This Remedy Election Form must be submitted (i.e., emailed, faxed, or mailed) no later than 150 calendar days from the date of this Employee Notification concerning the Arbitration Award – Performance Improvement Plans, *AFGE, Nat'l Veterans Affairs Council #53, and Department of Veterans Affairs*, FMCS Case No. 181117-01691.

[insert EMPLOYEE NAME]:
[insert VA FACILITY NAME]:

Question 1: I executed a Settlement Agreement and elect the following (check one and initial below):

- ☐ **1. Maintain the Settlement Agreement.** This means you are choosing to keep the agreement previously reached with VA, including any compensation and other relief provided to you. You understand that this decision is final. **You do not need to elect a remedy below in Question 2.**
- _____
(initial)
- ☐ **2. Rescind the Settlement Agreement.** This means you are choosing to undo the agreement previously reached with VA. You understand that you are required to return any compensation provided to you under that agreement. **In lieu of your previous agreement, you must also elect a remedy below in Question 2.**
- _____
(initial)

Question 2: In lieu of the Settlement Agreement, I elect to receive the following remedy (check one and initial below):

- ☐ **1. Reinstated and made whole.** This means you are choosing to return to your previous position/grade at VA. You understand that VA may deduct replacement earnings from your back pay.
- _____
(initial)
- ☐ **2. Made whole without reinstatement.** This means you are choosing not to return to VA or your previous position/grade. You understand that VA may deduct replacement earnings from your back pay.
- _____
(initial)

You can submit this Remedy Election Form by mail, email, or facsimile using the contact information provided on the Employee Notification you received from VA.

Email is the preferred response method to ensure timely receipt of the Remedy Election Form. If email is not used, it may be difficult to demonstrate timely receipt.

For questions, please review the FAQs separately attached to this Employee Notification. You may also contact the VA point-of-contact identified in this Employee Notification, and/or email AFGE at 714actions@afge.org.

EMPLOYEE SIGNATURE

DATE

EMPLOYEE PHONE NUMBER

VA Letterhead

EMPLOYEE NOTIFICATION
(Retired in lieu of)

Date:

SUBJ: Compliance with Arbitration Award – Performance Improvement Plans, *AFGE, Nat'l Veterans Affairs Council #53, and Department of Veterans Affairs*, FMCS Case No. 181117-01691

[Employee Name]

You have been identified as a current or former employee of the United States Department of Veterans Affairs (VA) and American Federation of Government Employees (AFGE) bargaining unit employee who retired in lieu of receiving a performance-based adverse action under the authority of 38 U.S.C. 714, without receiving a Performance Improvement Plan (PIP) in accordance with the AFGE Master Collective Bargaining Agreement (MCBA).

NOTE: If you previously received a notice from VA concerning this case, please be advised that this Employee Notification supersedes the original notice, and you should complete the enclosed Remedy Election Form.

As a result of the arbitration award issued by Jerome H. Ross on August 23, 2018, in *AFGE, Nat'l Veterans Affairs Council #53, and Dep't of Veterans Affairs*, FMCS Case No. 181117-01691, VA was ordered to (1) resume compliance with Article 27, Section 10 of the MCBA; (2) rescind any adverse action taken against bargaining unit employees under the authority of 38 U.S.C. §714 for unacceptable performance who did not receive a PIP in compliance with Article 27, Section 10 of the MCBA; and (3) reinstate, and/or make whole any such bargaining unit employee, including but not limited to back pay, restored leave, and other benefits.

In compliance with the arbitration award, VA conducted a review of performance-based adverse actions. Upon review of your action, it was determined that you retired in lieu of receiving an adverse action under the authority of 38 U.S.C. §714 from the position of **[insert GS[occupational series]-[grade], [position title]]** without first receiving a PIP as required by the MCBA. Consistent with a Settlement Agreement reached between VA and AFGE, and because you did not receive a performance-based adverse action under the authority of 38 U.S.C. §714, you are eligible for a lump sum payment equivalent to twenty percent (20%) of your gross annual salary as of the date of your retirement. This one-time, lump sum payment will not adjust your retirement benefit, if any.

Response Instructions & Address Verification Form

To receive your one-time, lump sum payment, you must complete and return the attached Address Verification Form to VA. Once received, VA will transmit your payment by check using the information on your Address Verification Form.

Your response must be provided to VA no later than 150 calendar days from the above date of this Employee Notification. Otherwise, you are waiving your rights to this payment.

You can submit your Address Verification Form by email, mail, or facsimile using the information provided below:

- EMAIL: VA714PIPCompliance@va.gov
- MAIL: [Contact name] at (address)
- FACSIMILE: [Contact name] at (fax number)

Email is the preferred response method to ensure timely receipt of the Address Verification Form. If email is not used, it may be difficult to demonstrate timely receipt.

FAQs

Frequently asked questions related to this Employee Notification are separately attached to this Employee Notification.

[insert CHRO Name]

[insert VISN]

ADDRESS VERIFICATION FORM

Former Employee Address Verification

Current Name: (Last, First Middle Initial) _____

Full Social Security Number: _____

Select One Option below:

☐ The address is correct as listed on the letter

☐ The address is not correct. My correct mailing address is:

☐ I am the addressee, but not a former VA employee

☐ The employee to whom this letter is addressed is deceased (**see reverse side**)

Contact Information:

Name (if different from addressee): _____

Phone number: _____

Email address (optional): _____

Signature

Date

Return this form and required documentation to:

Department of Veterans Affairs
Financial Services Center, Payroll Services
Attention: Saturday Premium Pay
PO Box 149975
Austin, Texas 78714

If you have questions, please contact VAFSCPayrollSpecialActionsTeam@va.gov or use the above address. **Do not send Personally Identifiable Information such as SSNs to this email address.**

Deceased Former Employee and Beneficiary Information

Deceased Employee Name (Last, First Middle Initial): _____

Full Social Security Number (**required**): _____

Contact Information (required):

Name of person completing this document: _____

Relationship to deceased: _____

Phone Number: _____

Email address if available: _____

Provide beneficiary information below and see page 3 for a list of required documents. You must return this completed form along with ALL REQUIRED documents within 45 calendar days to receive payment.

Name (First, Middle initial, Last name)	Full Social Security Number	Relationship to deceased	Current address, including Zip code (required)

Use additional sheets if needed.

Return this form and required documentation to:

Department of Veterans Affairs
Financial Services Center, Payroll Services
Attention: Saturday Premium Pay
PO Box 149975
Austin, Texas 78714

VAFSCP payrollSpecialActionsTeam@va.gov

Do not send Personally Identifiable Information such as SSNs to this email address

Below are the required documents (in order of precedence) for beneficiaries of deceased former employees to receive payment:

Type of Beneficiary	Required Documents
SF 1152 (Designation of Beneficiary Form) If the deceased former employee had an SF1152 on file at the time of death, those beneficiaries specified are entitled to compensation. If there was no SF1152 on file at the time of death, the below precedence will be followed.	<ul style="list-style-type: none"> Attachment from Notification letter, page 2 SF1152 (original or eOPF and watermark) Death Certificate of former employee Parts A, B, and G of SF1153 (attached)
Spouse (If there is no surviving spouse, the deceased employee's children are entitled.)	<ul style="list-style-type: none"> Attachment from Notification letter, page 2 Parts A, B, C and G of SF1153 (attached) Death Certificate of former employee Marriage Certificate
Children (If there are no surviving children, the deceased employee's parents are entitled.)	<ul style="list-style-type: none"> Attachment from Notification letter, page 2 SF1152 – Designation of Beneficiary if available Death Certificate of former employee Death Certificate of deceased spouse, if applicable Parts A, D & G of SF1153 for each sibling

	<ul style="list-style-type: none"> • Child's birth certificate (all siblings) • Divorce Decree of deceased (if applicable) • Marriage Certificate – showing maiden name of beneficiary if applicable • Adoption papers, if applicable • Guardianship papers, if applicable • Medical documents for disabled, if applicable
Parent (If there are no surviving parents, a court Administrator/Executor of the Estate)	<ul style="list-style-type: none"> • Attachment from Notification letter, page 2 • Death Certificate • Birth Certificate of deceased showing both parents' names • Parts A, D and G of SF1153 • Death Certificate of parents if one parent is deceased • Divorce Decree of Deceased if applicable
Administrator/Executor of Estate (If there is no Administrator/Executor, the deceased employee's next of kin (brother, sister, etc.) is entitled.	<ul style="list-style-type: none"> • Death Certificate • Parts A, E and G of SF1153 • Court Order Appointed Letter • EIN from IRS on IRS letterhead • Birth Certificate of Deceased • Divorce Decree if applicable • Parents' Death Certificates
Next of Kin in Domicile	<ul style="list-style-type: none"> • Attachment from Notification letter, page 2 • Death Certificate • Parts A, D and G of SF1153 • Birth Certificate of deceased • Birth Certificate of deceased's siblings if applicable • Marriage Certificate showing Maiden Name if applicable • Divorce Decree if applicable • Death Certificate of parent • Adoption papers if applicable • Guardianship papers if applicable

VA Letterhead

EMPLOYEE NOTIFICATION
(Last Chance Agreement)

Date:

SUBJ: Compliance with Arbitration Award – Performance Improvement Plans, *AFGE, Nat'l Veterans Affairs Council #53, and Department of Veterans Affairs*, FMCS Case No. 181117-01691

[Employee Name]

You have been identified as a current or former employee of the United States Department of Veterans Affairs (VA) and American Federation of Government Employees (AFGE) bargaining unit employee who executed a Last Chance Agreement in lieu of receiving a performance-based adverse action under the authority of 38 U.S.C. 714, without receiving a Performance Improvement Plan (PIP) in accordance with the AFGE Master Collective Bargaining Agreement (MCBA). You were then removed based on the Last Chance Agreement.

NOTE: If you previously received a notice from VA concerning this case, please be advised that this Employee Notification supersedes the original notice, and you should complete the enclosed Remedy Election Form.

As a result of the arbitration award issued by Jerome H. Ross on August 23, 2018, in *AFGE, Nat'l Veterans Affairs Council #53, and Dep't of Veterans Affairs*, FMCS Case No. 181117-01691, VA was ordered to (1) resume compliance with Article 27, Section 10 of the MCBA; (2) rescind any adverse action taken against bargaining unit employees under the authority of 38 U.S.C. §714 for unacceptable performance who did not receive a PIP in compliance with Article 27, Section 10 of the MCBA; and (3) reinstate, and/or make whole any such bargaining unit employee, including but not limited to back pay, restored leave, and other benefits.

In compliance with the arbitration award, VA conducted a review of performance-based adverse actions. Upon review of your action, it was determined that you were removed for violating a Last Chance Agreement which you executed in lieu of receiving an adverse action under the authority of 38 U.S.C. §714 from the position of **[insert GS[occupational series]-[grade], [position title]]** without first receiving a PIP as required by the MCBA. Consistent with a Settlement Agreement reached between VA and AFGE, and because you did not receive a performance-based adverse action under the authority of 38 U.S.C. 714, you are eligible for a lump sum payment equivalent to fifteen percent (15%) of your gross annual salary as of the date of your removal. This one-time, lump sum payment will not adjust your retirement benefit, if any.

Response Instructions & Address Verification Form

To receive your one-time, lump sum payment, you must complete and return the attached Address Verification Form to VA. Once received, VA will transmit your payment by check using the information on your Address Verification Form.

Your response must be provided to VA no later than 150 calendar days from the above date of this Employee Notification. Otherwise, you are waiving your rights to this payment.

You can submit your Address Verification Form by email, mail, or facsimile using the information provided below:

- EMAIL: VA714PIPCompliance@va.gov
- MAIL: [Contact name] at (address)
- FACSIMILE: [Contact name] at (fax number)

Email is the preferred response method to ensure timely receipt of the Address Verification Form. If email is not used, it may be difficult to demonstrate timely receipt.

FAQs

Frequently asked questions related to this Employee Notification are separately attached to this Employee Notification.

[insert CHRO Name]
[insert VISN]

ADDRESS VERIFICATION FORM

Former Employee Address Verification

Current Name: (Last, First Middle Initial) _____

Full Social Security Number: _____

Select One Option below:

☐ The address is correct as listed on the letter

☐ The address is not correct. My correct mailing address is:

☐ I am the addressee, but not a former VA employee

☐ The employee to whom this letter is addressed is deceased (**see reverse side**)

Contact Information:

Name (if different from addressee): _____

Phone number: _____

Email address (optional): _____

Signature

Date

Return this form and required documentation to:

Department of Veterans Affairs
Financial Services Center, Payroll Services
Attention: Saturday Premium Pay
PO Box 149975
Austin, Texas 78714

If you have questions, please contact VAFSCPayrollSpecialActionsTeam@va.gov or use the above address. **Do not send Personally Identifiable Information such as SSNs to this email address.**

Deceased Former Employee and Beneficiary Information

Deceased Employee Name (Last, First Middle Initial): _____

Full Social Security Number (**required**): _____

Contact Information (required):

Name of person completing this document: _____

Relationship to deceased: _____

Phone Number: _____

Email address if available: _____

Provide beneficiary information below and see page 3 for a list of required documents. You must return this completed form along with ALL REQUIRED documents within 45 calendar days to receive payment.

Name (First, Middle initial, Last name)	Full Social Security Number	Relationship to deceased	Current address, including Zip code (required)

Use additional sheets if needed.

Return this form and required documentation to:

Department of Veterans Affairs
Financial Services Center, Payroll Services
Attention: Saturday Premium Pay
PO Box 149975
Austin, Texas 78714

VAFSCP payrollSpecialActionsTeam@va.gov

Do not send Personally Identifiable Information such as SSNs to this email address

Below are the required documents (in order of precedence) for beneficiaries of deceased former employees to receive payment:

Type of Beneficiary	Required Documents
SF 1152 (Designation of Beneficiary Form) If the deceased former employee had an SF1152 on file at the time of death, those beneficiaries specified are entitled to compensation. If there was no SF1152 on file at the time of death, the below precedence will be followed.	<ul style="list-style-type: none"> Attachment from Notification letter, page 2 SF1152 (original or eOPF and watermark) Death Certificate of former employee Parts A, B, and G of SF1153 (attached)
Spouse (If there is no surviving spouse, the deceased employee's children are entitled.)	<ul style="list-style-type: none"> Attachment from Notification letter, page 2 Parts A, B, C and G of SF1153 (attached) Death Certificate of former employee Marriage Certificate
Children (If there are no surviving children, the deceased employee's parents are entitled.)	<ul style="list-style-type: none"> Attachment from Notification letter, page 2 SF1152 – Designation of Beneficiary if available Death Certificate of former employee Death Certificate of deceased spouse, if applicable

	<ul style="list-style-type: none"> • Parts A, D & G of SF1153 for each sibling • Child's birth certificate (all siblings) • Divorce Decree of deceased (if applicable) • Marriage Certificate – showing maiden name of beneficiary if applicable • Adoption papers, if applicable • Guardianship papers, if applicable • Medical documents for disabled, if applicable
Parent (If there are no surviving parents, a court Administrator/Executor of the Estate)	<ul style="list-style-type: none"> • Attachment from Notification letter, page 2 • Death Certificate • Birth Certificate of deceased showing both parents' names • Parts A, D and G of SF1153 • Death Certificate of parents if one parent is deceased • Divorce Decree of Deceased if applicable
Administrator/Executor of Estate (If there is no Administrator/Executor, the deceased employee's next of kin (brother, sister, etc.) is entitled.	<ul style="list-style-type: none"> • Death Certificate • Parts A, E and G of SF1153 • Court Order Appointed Letter • EIN from IRS on IRS letterhead • Birth Certificate of Deceased • Divorce Decree if applicable • Parents' Death Certificates
Next of Kin in Domicile	<ul style="list-style-type: none"> • Attachment from Notification letter, page 2 • Death Certificate • Parts A, D and G of SF1153 • Birth Certificate of deceased • Birth Certificate of deceased's siblings if applicable • Marriage Certificate showing Maiden Name if applicable • Divorce Decree if applicable • Death Certificate of parent • Adoption papers if applicable • Guardianship papers if applicable