

# Office of Human Resources

## Personnel Newsletter

September 1999

### NASA EXTERNAL AWARDS

Every quarter, the Center receives requests for nominations for a wide variety of non-NASA awards. A call letter with nomination criteria summaries is sent to the directorate offices for distribution. Please call the Awards Office at 433-2848, for a copy of a nomination form, or for specific information.

The following is a list of non-NASA External Awards solicitations due this quarter, October to December 1999:

- Federal Engineer of the Year Award*
- AIAA Awards*
- National Medal of Technology*
- Achievement in Managing Information Technology*
- Frank G. Brewer Trophy*
- National Public Service Awards*
- Cliff Henderson Award for Achievement*
- Robert H. Goddard Memorial Trophy*
- Roger W. Jones Award for Executive Leadership*
- Catherine @ Marjorie Stinson Award for Achievement*
- Donald L. Scantlebury Memorial Award*
- Stellar Awards*
- Society of Women Engineers Awards*
- Alan T. Waterman Award*

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### LIFE EVENT CHANGES

The following life event changes may happen to you or your family. The events are shown below along with information about who to contact. Employee Express can be used to take care of several of these actions.

#### **You Move**

You need to provide your new address. This is vital in case of an emergency or to send you important information; i.e., W-2, etc.

If you are enrolled in a health benefits plan that serves a limited geographic area, contact your current plan to find out if you can remain with the particular plan. If you cannot remain with your current plan, contact the Office of Human Resources and complete Standard Form (SF) 2809 to change your health plan.

You may need to change state or local income tax withholding.

#### **You change where your electronic payment goes**

You need to give the Payroll Office the name, routing number, and your account number at the new financial institution. You should leave the old account open until you know your payments are going into your new account. This can be completed through Employee Express.

#### **You Marry**

If you want your name to be changed in your official records you will need to ask the Office of Human Resources to prepare the personnel action to do this.

You may want to change to a family health benefits enrollment. Contact OHR any time from 31 days before you marry to 60 days afterward. Otherwise, you will have to wait until the next health benefits open season to make the change. You will need to complete an SF 2809 to make this change. If you already have a family plan, OHR can assist you in getting your spouse (and if appropriate, step children) added to your enrollment.

You may want to add Option C – Family and/or Option B— Additional to your life insurance coverage. You must request this, in writing, within 60 days of your marriage. Contact OHR to complete a Standard Form (SF) 2817.

You may want to change your income tax withholdings. Contact the Payroll Office to tell them how much you want withheld.

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You may want to change your designations of beneficiary for life insurance or for retirement. New designations must be in writing and witnessed. OHR can provide you with the appropriate forms: the SF 2808 - Designation of Beneficiary (Civil Service Retirement System), the SF 3102 – Designation of Beneficiary (Federal Employees Retirement System), and/or the SF 2823 – Designation of Beneficiary (Federal Employees' Group Life Insurance Program). Some of these forms are also available on OPM'S Web Site <http://www.opm.gov/forms>.

### **You Divorce**

The divorce decree (court order) may say that you must provide a part of your future annuity, and/or a survivor annuity for your former spouse. An original certified copy of the entire court order and all attachments must be mailed to the U.S. Office of Personnel Management (OPM), along with a cover letter that states who the Federal employee is and provides his or her Social Security Number and date of birth. A former spouse (personally or through a representative) must apply in writing to be eligible for a court-awarded portion of an employee annuity. No special form is required. **Send the original certified copy of the divorce decree to:**

U.S. Office of Personnel Management  
P.O. Box 17  
Washington, DC 20044-0017

When you divorce, your spouse is no longer a family member and cannot be covered under your family health benefits enrollment. Your children can continue to be covered. If there are no children, you should change to a self-only enrollment. If you lost health benefits coverage as a result of the divorce, you can enroll for health benefits within 60 days. You must complete an SF 2809 to make these changes.

Your court order may instruct you to continue to provide health benefits for your former spouse. Check with OHR to find out how to arrange for this coverage. Your former spouse may qualify for temporary continuation of Federal Employees Health Benefits coverage for up to 36 months. If this temporary coverage is needed, you or your former spouse must apply through **your agency** within 60 days after the divorce.

You may want to change your designations of beneficiary for life insurance or for retirement. A divorce does not automatically affect any designations you made at an earlier date. If you previously designated the person who is now your ex-spouse and you now want the payments to go to someone else, you need to file a new designation. New designations must be in writing and witnessed. OHR can provide you with the appropriate forms: the SF 2808 – Designation of Beneficiary (Civil Service Retirement System), the SF 3102 – Designation of Beneficiary (Federal Employees Retirement System), and/or the SF 2823 – Designation of Beneficiary (Federal Employee's Group Life Insurance [FEGLI] Program). **Note: A court order may require you to assign your life insurance to your ex-spouse.** (Ask OHR for a copy of the pamphlet on Court-Ordered Benefits for Former Spouses, RI 84-2 and for an Assignment of FEGLI Insurance Form, RI 76-10.) A court order may also pre-empt the order of precedence in the payment of benefits.

You may want to change your income tax withholdings. Contact the Payroll Office to complete the necessary forms.

### **You Have A Baby (Or Adopt)**

If you do not already have a family health benefits enrollment, contact OHR to change your enrollment to a family plan. You will need to complete and SF 2809 to do so. This change must occur within 60 days after the baby is born, or the child is added to your family through adoption.

You may want to add or increase Option C—Family and/or Option B—Additional to your life insurance. This must be in writing within 60 days after the baby is born, or the child is added to your family through adoption. Contact OHR to determine if you are eligible to make this change, and to obtain SF 2817.

**Note:** If you are already enrolled in Option C—Family, your new family member will be covered automatically, if otherwise eligible for coverage.

You may want to change your income tax withholdings. Contact the Payroll Office to complete the necessary forms.

You may want to change your designations of beneficiary for life insurance or for retirement. This must be in writing. Contact OHR for SF 2808 (Civil Service Retirement System [CSRS]), or SF 3102 (Federal Employees Retirement System [FERS]), and SF 2823 (Federal Employees' Group Life Insurance [FEGLI] Program).

### **You acquire a stepchild or a foster child under age 22**

If the child lives with you in a regular parent-child relationship and is your dependent, you may want to cover the child under your family health benefits enrollment. You can do this within 60 days after the child joins your household. Contact OHR if you need to change to a family health benefits enrollment.

You may want to change your income tax withholdings. Contact the Payroll Office to complete the necessary forms.

If you have a new stepchild or foster child, you may want to add or increase Option C—Family to your life insurance. This must be in writing within 60 days after the child joins your household. Contact OHR for SF 2817. You may also add or increase Option B for a new stepchild, but not for a foster child.

**Note:** If you are already enrolled in Option C—Family, your new stepchild or foster child will be covered automatically as long as the child lives with you in a regular parent-child relationship and is your dependent.

You may want to change your designations of beneficiary for life insurance or for retirement. This must be in writing. Contact OHR for SF 2808 (Civil Service Retirement System [CSRS]), or SF 3102 (Federal Employees Retirement System [FERS]), and SF 2823 (Federal Employees' Group Life Insurance [FEGLI] Program).

Your family health benefits coverage does not include children who are over age 22 (unless the child is disabled before turning age 22). However, temporary continuation of coverage may be available for up to 36 months. If this coverage is desired, you must contact OHR within 60 days after the child reaches age 22.

Your family life insurance coverage does not include children who are over age 22 (unless the child is disabled before turning age 22). If there are no other family members

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**LIFE EVENT CHANGES** (Continued from page 2)

eligible for this coverage, you may want to cancel Option C—Family Coverage. **This can be done at anytime; but it is not automatic.** Contact OHR for SF 2817 to cancel Option C—Family Coverage.

**You Reach Age 65**

You may be eligible for health benefits coverage under Medicare. Generally, employees age 65 and older can get Medicare Part A benefits based on their own or their spouse's employment. There is no premium for Medicare Part A; however, you must pay a premium for Medicare Part B.

If you are currently enrolled in a Federal health plan as an employee when you are first able to get Medicare, you may be able to delay enrollment in Part B without waiting for a general enrollment period to enroll. Contact your local Social Security Office or call Social Security (800-772-1213) for more information.

**Your Spouse Dies**

If your spouse is covered by Option C—Family Coverage, contact OHR to ask for form FE6-DEP to file a claim for benefits.

If there are no other family members eligible for this coverage, you should cancel your Option C—Family Coverage. **This can be done at anytime; but it is not automatic.** Contact OHR for SF 2817 to cancel Option C—Family Coverage.

If there are no other family members, you should change your health benefits to a self-only enrollment. You can do this at any time. Contact OHR.

You may want to change your income tax withholdings. Contact the Payroll Office to complete the necessary forms.

You may want to change your designations of beneficiary for life insurance or for retirement. This must be in writing. Contact OHR for SF 2808 (Civil Service Retirement System [CSRS]), or SF 3102 (Federal Employees Retirement System [FERS]), and SF 2823 (Federal Employees' Group Life Insurance [FEGLI] Program).

**Your Former Spouse Dies Or Marries Before Age 55**

If your former spouse filed a court order with the U.S. Office of Personnel management (OPM), you will need to update your records. For example, if you were required to provide a survivor annuity for your former spouse and your former spouse either dies or marries, OPM would need proof of the death or marriage. **Send your proof along with a letter that provides your date of birth and social security number to**

U.S. Office of Personnel Management  
P.O. Box 45  
Boyers, PA 16017-0045

You may want to change your designation of beneficiary for life insurance or retirement. This must be in writing. Contact OHR for SF 2808 (Civil Service Retirement System [CSRS]), or SF 3102 (Federal Employees Retirement System [FERS]), and SF 2823 (Federal Employees' Group Life Insurance [FEGLI] Program).

**Your Child Dies**

If your child is covered by Option C—Family Coverage, contact OHR to ask for Form FE-6-DEP to file a claim for benefits.

If there are no other family members eligible for this coverage, you should cancel your Option C—Family Coverage. **This can be done at anytime; but it is not automatic.** Contact OHR for SF 2817 to cancel Option C—Family Coverage.

You may want to change your income tax withholdings. Contact the Payroll Office to complete the necessary forms.

You may want to change your designation of beneficiary for life insurance or retirement. This must be in writing. Contact OHR for SF 2808 (Civil Service Retirement System [CSRS]), or SF 3102 (Federal Employees Retirement System [FERS]), and SF 2823 (Federal Employees' Group Life Insurance [FEGLI] Program).



WHEN INJURED AT WORK  
INFORMATION GUIDE FOR FEDERAL EMPLOYEES

**Introduction**

The Federal Employees' Compensation Act (FECA) (5 U.S.C. 8101 et seq.) is administered by the Office of Workers' Compensation Programs (OWCP) of the U.S. Department of Labor. It provides compensation benefits to civilian employees of the United States for disability due to personal injury sustained while in the performance of duty or to employment-related disease. The FECA also provides for the payment of benefits to dependents if the injury or disease causes the employee's death. Benefits cannot be paid if the injury or death is caused by the willful misconduct of the employee or by the employee's intention to bring about his or her injury or death or that of another, or if intoxication (by alcohol or drugs) is the proximate cause of the injury or death.

**Medical Benefits**

An employee is entitled to medical, surgical and hospital services and supplies needed for treatment of an injury as well as transportation for obtaining care. The injured employee has initial choice of physician and may select any qualified local physician or hospital to provide necessary treatment or may use agency medical facilities if available. Except for referral by the attending physician, any change in treating physician after the initial choice must be authorized by OWCP. Otherwise, OWCP will not be liable for the expenses of treatment.

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## **ANNUAL LEAVE "USE OR LOSE"**

The time of year has arrived when employees should review their annual leave balances, keeping in mind the 240-hour limit on the annual leave carryover balance. If it appears that you will have an excess of annual leave, the following information will be important to you.

### **EMPLOYEES:**

Plan your leave for the balance of the leave year, which ends January 1, 2000. Follow up with your supervisor if you do not receive timely feedback on your leave request. When annual leave is denied, or approved leave is canceled, an alternate period of time should be scheduled. This should be done without delay.

Special attention must be given to schedule leave to avoid forfeiture of annual leave that is in excess of the maximum carryover allowed at the end of the leave year. Use an SF-71, Application for Leave, to request "use or lose" annual leave and submit a new leave request to update your leave schedule if your supervisor cancels "use or lose" leave you have previously submitted.

If you do not request leave, or do not use leave that was approved, any resulting forfeiture will be considered to be by your choice.

The U.S. Comptroller General's decision stated that Federal employees who do not schedule leave in advance and in writing, and who forfeit the leave due to exigencies of public business may not have that leave restored. The Comptroller General also stated that informal notification or verbal requests are not sufficient, even when extenuating circumstances exist.

### **SUPERVISORS:**

Supervisors are expected to assist employees in planning and scheduling the use of annual leave on a year-round basis to provide for reasonable vacation periods and to ensure the use of leave that employees might otherwise forfeit.

Take prompt action on leave requests. Ask the employee to resubmit a leave request for another period if you have had to deny a request and take timely action to approve rescheduled "use or lose" leave. SF-71's which include "use or lose" leave must be dated no later than November 20, 1999.

Request an approval of an "Exigency of the Public Business" if you see no alternative to cancellation of employees' leave which could result in a loss of leave. An "exigency" proposal must be approved by the Center Director before you cancel "use or lose" leave that cannot be rescheduled before the end of the leave year.

### ***WHEN INJURED AT WORK*** (Con't from page 4)

If you continue to lose pay after the dates claimed on Form CA-7, submit Form CA-8 Claim for Continuing Compensation on Account of Disability, through your OWCP representative to claim additional compensation until you return to work or until OWCP advises they are no longer needed. You are not required to use your sick or annual leave before you claim compensation.

If you choose to use your leave, you may, with your OWCP representative's concurrence, request leave buy-back by submitting Form CA-7 to OWCP through your OWCP representative. Any compensation payment is to be used to partially reimburse NASA for the leave pay. You must also arrange to pay NASA the difference between the leave pay based on your full salary and the compensation payment that was paid at 2/3 or 3/4 of your salary. NASA will then recredit the leave to your leave record.

5. *Return To Work As Soon As Your Doctor Allows You To Do So.* If you are given a written description of a light duty job, you must provide a copy to your doctor and ask if and when you can perform the duties described. If your OWCP representative is willing to provide light work, you must ask your doctor to specify your work restrictions. In either case, you must advise your OWCP representative immediately of your doctor's instructions concerning return to work, and arrange for your OWCP representative to receive written verification of this information. COP or compensation may be terminated if you refuse work which is within your medical restrictions without good cause, or if you do not respond within specified time limits to a job offer from the Agency.

In appropriate cases, OWCP provides assistance in arranging for reassignment to lighter duties in cooperation with NASA. In addition, injured employees have certain other specified rights under the jurisdiction of the Office of Personnel Management, such as reemployment rights if the disability has been overcome within 1 year.

*Tell Your Family* about the benefits they are entitled to in the event of your death. For assistance in filing a claim, they may contact the Insurance Office at (216) 433-2027.

## CARRYOVER OF EXCESS ANNUAL LEAVE

Unused earned annual leave may be carried over from one leave year to the next. However, the amount is limited by Federal law to 240 hours. Under certain conditions, excess leave may be carried over. There are certain regulatory requirements which must be satisfied before an agency may consider approval of excess leave carryover.

1. An SF-71, Application for Leave, must be on file with the employee's timekeeper, before the start of the third pay period prior to the end of the leave year (by November 20, 1999) documenting that the leave was scheduled and approved by the employee's immediate supervisor.
2. The Center Director is authorized to declare an exigency of business exists and thereby cancel the scheduled leave and in turn approve excess leave carryover.

In such cases, the immediate supervisor must prepare a memorandum addressed to the Center Director requesting cancellation of the leave due to an **exigency of business**, noting that no other

employee can carry out the work; a description of the effects of postponement of the work; specifying the number of hours of annual leave involved in the request; and the beginning and ending dates of the exigency. The original SF-71 which recorded the scheduling of the leave must be attached.

Carryover of excess leave may also be approved in the event an employee's injury or illness prevented the taking of annual leave before the leave year's end. In such cases, the official authorized to approve excess leave carryover is the Deputy Director for Operations. An immediate supervisor requesting excess leave carryover due to injury/illness must request approval of carryover with a memorandum to the Deputy Director for Operations with the original signed, approved SF-71 attached.

In October, the Office of Human Resources will issue an alert memo to the Center staff providing detailed instructions on the specific procedures to be followed.

### **PERSONAL EARNINGS AND BENEFIT ESTIMATE STATEMENTS**

The Social Security Administration has announced that beginning in October 1999, they will begin mailing Personal Earnings and Benefit Estimate Statements (PEBES), on an annual basis, to all workers age 25 and older who are not already receiving monthly Social Security benefits. The PEBES will provide estimates of benefits both you and your family may be eligible to receive now or in the future. The amount of your future benefits will be based on your earnings record. You can expect to receive your statement each year about 3 months before your birth month.



