

**U. S. COAST GUARD RESERVE
MONTHLY INCAPACITATION CLAIM FORM**

1a. Member Last Name	1b. Member First Name	1c. MI	2. Rank/Rate	3. EMPLID
SECTION II - EMPLOYER VERIFICATION				
12a. Employer Name and Address	12b. Employer POC Name	12c. Employer POC Phone Number		
		12d. Employer POC Email		
13. Primary Job:				
14. Employment Status: Current Former	15. Hours Normally Worked per Week:	16. Hourly Wage Rate or Monthly Salary \$		
17. Did the employee work during the period in block 5? YES NO				
18. If No, was the reason for the employee not returning to work due to the condition which was incurred/aggravated on the date in block 4? YES NO If No, explain why member did not return to work in Remarks (block 20).				
19. For the period of time in block 5, the employee received/lost the following earned income (attached copies of pay stubs, W-2s, federal income tax forms or other documentation reflecting total amount(s) received:		Amount Received (gross)	Amount Lost (gross)	
a. Wages or salaries.		\$	\$	
b. Income Protection Plan.		\$	\$	
c. Professional fees or compensation for personal services rendered.		\$	\$	
d. Tips.		\$	\$	
e. Pay for sick leave.		\$	\$	
f. Pay for vacation time.		\$	\$	
g. Other earned income. (Description):		\$	\$	
Total:		\$	\$	
20. Remarks				
21. I understand that this information is being used by the claimant as the basis of a claim against the United States Government. I further understand that knowingly and willfully assisting a claimant making a false claim or false statement in connection with a claim is a criminal offense under federal and state laws which may subject the parties to a substantial fine and/or lengthy imprisonment. _____ Initials				
22a. Employer Representative Signature	22b. Name (Print)		22c. Date (DDMMYY)	

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SECTION IV – CG PSC-RPM REVIEW/APPROVAL				
35a. RPM POC Name and Rank		35b. RPM POC Phone Number	35c. POC Email	
36. Notice of Eligibility (NOE) Dates (DDMMYY): FROM:			TO:	
37. Does the member require incapacitation pay greater than six months? If Yes, route to CG-131 for approval.			YES	NO
38. Per Coast Guard Pay Manual, COMDTINST M7220.29(series), Figure 12-1, the following rule applies to this claim for compensation: Rule # _____				
39. Incapacitation claim for the period in block 5 is: (check one) APPROVED - Full pay and allowances less earned income as authorized under 37 U.S.C. 204 (g). APPROVED - Lost earned income (not to exceed regular component's pay and allowances) as authorized under 37 U.S.C. 204 (h). APPROVED - Compensation for missed IDT(s)/ADT as authorized under 37 U.S.C. 206 (a)(3). DISAPPROVED - If DISAPPROVED, explain in Remarks (block 40).				
40. Remarks				
41a. CG PSC-RPM's Signature/By Direction		41b. Name and Rank (Print)	41c. Date (DDMMYY)	
SECTION V – CG-131 APPROVAL (for incapacitation pay claims over 6 months)				
42a. CG-131 POC Name and Rank		42b. CG-131 POC Phone Number	42c. CG-131 POC Email	
43. In the interest of fairness and equity, continuation of incapacitation pay is warranted: YES - APPROVED NO - DISAPPROVED If No, explain in Remarks (block 44).				
44. Remarks:				
45a. CG-131's Signature/By Direction		45b. Name and Rank (Print)	45c. Date (DDMMYY)	
SECTION VI – CG PPC PROCESSING				
46a. PPC POC Name and Rank		46b. PPC POC Phone Number	46c. PPC POC Email	
47a. Amount of Gross Base Paid \$	47b. Amount of Allowances Paid \$	47c. Total Paid \$	47d. Date Paid (DDMMYY)	
48. Remarks:				
49a. CG PPC's Signature/By Direction		49b. Name and Rank (Print)	49c. Date (DDMMYY)	