

EXTENSION REQUEST TO 75-DAY NOTICE OF LOSS OR DAMAGE (NOLD) AT DELIVERY

Please read the instructions on page 2 before completing this form

Claimant's Name:		GBL#:		Today's Date:	
Email Address:		Phone Number:			
Date of Delivery:		Date NOLD Was First Submitted:		Date Claim Was Submitted:	
Date TSP Denied Your Claim:		Reason for TSP Denial:			
Dates of Absences or Events Affecting NOLD Submission:					

Provide a detailed explanation of the reason(s) you missed the required 75-day notification and why a waiver is justified in the space provided below. See page 2 for some examples of acceptable waiver justifications. Please attach additional supporting documents as required. If more room is required, continue on page 2.

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Signature:	
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Approval Authority Action
All decisions are final - no further action will be considered

Your Request is:	<input type="checkbox"/> Approved.
	<input type="checkbox"/> Disapproved.

Remarks:	
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Name of Approver:		Date:	
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Signature:	
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See page 2 for detailed instructions for completion and submission of this form.

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Continued

INSTRUCTIONS

In accordance with AR 27-20, claimants MAY be entitled to an extension of the 75-day notification period of lose or damage under certain circumstances that justify good cause for an extension. Acceptable justifications for good cause includes, but are not limited to the following:

- (a) Officially recognized absence (for example: TDY or off-post training exercises) resulting in claimant's absence from official duty station for a significant portion of the notice period.
- (b) Hospitalization of claimant for a significant portion of the notice period.
- (c) Substantiated misinformation concerning notice requirements given to the claimant by TSP (Moving Company) or Government personnel.

All requests will be handled on a case by case basis, and substantiation documenting will be required (TDY orders, doctor's note or hospital release form, correspondence with the TSP, etc...

The majority of items on page 1 are self explanatory. Please be as detailed as possible in the Dates of Absences or Events and Explanation blocks. Please use the Remarks block provided below or additional pages as needed to fully explain and justify your request for extension.

Please email this completed form to the Center for Personnel Claims Support at:

usarmy.knox.hqda-otjag.mbx.cpcs@mail.mil

Center for Personnel Claims Support
50 Third Avenue, Suite 307
Fort Knox, KY 40121

REMARKS: