

**REPORT OF INVESTIGATION OF CLAIM FOR WAIVER OF
ERRONEOUS PAYMENT OF PAY AND ALLOWANCES
(5 U.S.C. 5584)**

Privacy Act information located at the bottom of this form.

INSTRUCTIONS: See CFO P 4253.1A for instructions on completing this form.

ADMINISTRATIVE DATA

1. REPORT DATE	2. FOR (check one) <input type="checkbox"/> CO <input type="checkbox"/> REGION _____	3a. EMPLOYEE'S NAME	3b. EMPLOYEE'S SOCIAL SECURITY NUMBER
OVERPAYMENT INFORMATION	4a. DATE(S) (Listed on BACK by pay periods) FROM _____ TO _____	4b. DATE OF DISCOVERY	4c. GROSS AMOUNT \$ _____

WAIVER CONSIDERATIONS

NOTE: 1. Checks in column (A) may favor recommendation to approve waiver or refunds. Checks in column (B) may favor recommendation to deny waiver. 2. Items 7 thru 12 require narrative description of findings in attachments.	A	B
5. Has claim been sent to Attorney General for litigation?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
6. Is employee's waiver request within 3 years of the date of discovery?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Was overpayment the result of administrative error?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Has action been initiated to preclude this type of error in the future?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Is there any evidence of fraud, misrepresentation, fault, or lack of good faith on the part of the employee or other person having an interest in this claim?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
10. Could the employee have been reasonably expected to have suspected an error in his/her pay or allowance?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
11. If answer to 10 is Yes, did he/she inquire into the correctness of his/her pay or allowances?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. Would collection action be against equity, good conscience, and the best interests of the United States?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

FINAL ACTION

Waiver and Refund is:	13a. Waiver Approved (for gross listed in item 4c) \$ _____	13b. Waiver Denied Completely <input type="checkbox"/> (Check, if applicable)
	13c. Partial Waiver as shown below (Explanation attached)	
Approved \$ _____	Denied \$ _____	
14a. Signature	14b. Date	

Title:

PRIVACY ACT STATEMENT: SECTION 8311 of Title 5, U.S. Code, and Public Law 102-25 authorize collection of this information. The primary use of this information is by General Services Administration (GSA) personnel and payroll offices to document the claim from you for waiver or erroneous overpayment of pay and allowances as provided under 5 U.S.C. 5584. Other disclosures may be to a Federal, State, local, or foreign law enforcement agency when your agency becomes aware of a violation of civil or criminal law or regulation; to a Federal agency when conducting an investigation on you for employment or security reasons; to the Office of Personnel Management (OPM) when the information is required for evaluation of leave administration; and to the National Archives and Records Administration in connection with its responsibilities for records management. Collection of your Social Security Number is authorized by Executive Order 9397. Furnishing the information, including your Social Security Number, is voluntary, but failure to do so may jeopardize your request for a claim for waiver of overpayment of pay. If your agency uses the information on this form for purposes other than these indicated above, it may provide you with an additional statement reflecting those purposes.

