

**REPORT OF INVESTIGATION OF CLAIM FOR WAIVER OF ERRONEOUS PAYMENT OF PAY AND ALLOWANCES (5 U.S.C. 5584; 4 CFR 91-93)**

INSTRUCTIONS: See COM 4200.1 for instructions on completing this form.

IMPORTANT: Requests should be promptly expedited to allow sufficient processing time.

See Privacy Act information at bottom.

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

**WAIVER CONSIDERATIONS**

NOTE: Checks in column (A) may favor recommendation to approve waiver or refunds. Checks in column (B) may favor recommendation to deny waiver. Items 9 thru 14 require description in attachments.

	A. [ <input type="checkbox"/> ]	B. [ <input type="checkbox"/> ]	C. ATTACHMENT NO.
5. Has GAO made an audit exception on this overpayment?	NO	YES	
6. Has claim been sent to GAO for collection?	NO	YES	
7. Has claim been sent to Attorney General for litigation?	NO	YES	
8. Is employee's waiver request within 3 years of date of discovery?	YES	NO	
9. Was overpayment the result of administrative error?	YES	NO	
10. Has action been initiated to preclude this type of error in the future?	YES	NO	
11. 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?	NO	YES	
12. Could employee have been reasonably expected to have suspected an error in his/her pay or allowance?	NO	YES	
13. If answer to 12 is "Yes" did he/she inquire into the correctness of his/her pay or allowances?	YES	NO	
14. Would collection action be against equity, good conscience, and the best interests of the U.S.?	YES	NO	

**RECOMMENDATION**

BASED ON THE ABOVE FACTS AS SUPPORTED BY ATTACHED DOCUMENTATION, IT IS RECOMMENDED THAT:	15A. THE REQUEST FOR WAIVER BE APPROVED FOR \$	15B. THE REQUEST FOR WAIVER BE DENIED FOR \$	15C. THE REQUEST FOR WAIVER BE DENIED COMPLETELY <input type="checkbox"/> (Check if applicable)
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16A. SIGNATURE (Regional Administrator/Head of Service or Staff Office)	16B. DATE
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**FINAL ACTION**

17A. TO <input type="checkbox"/> Regional Administrator, Region	17B. TO <input type="checkbox"/> Head of Service or Staff Office
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WAIVER AND REFUND IS:	<input type="checkbox"/> 18A. APPROVED AS RECOMMENDED IN ITEM 15	<input type="checkbox"/> 18B. AS SHOWN BELOW (Explanation attached)
	APPROVED \$	DENIED \$

NOTE: Authorized refund to employee must be supported by employee's application for refund made not later than two years from the date of this action. If employee has not already made such application, he/she should be advised of his or her right to do so.

19A. SIGNATURE	19B. DATE
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DIRECTOR OF FINANCE

**PRIVACY ACT STATEMENT:** SECTION 6311 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 and 4 CFR 91-93. 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 OPM or General Accounting Office 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.

