UNITED STATES POSTAL SERVICE®

Request for Waiver of Claim for Erroneous Payment of Pay

PART I. To Be Completed by Claimant

1. Claimant's Name *(Last, First, MI)*	2. Employee Identification Number (EIN)	3. Claimant's Status: ☐ Active Employee ☐ Former Employee

4. Claimant's Home Address *(Street, City, State, ZIP Code™; include apt no. If applicable)*	5. Name and Location of Organization to Which Assigned

6. Period Covered by Erroneous Payment of Pay *(MM/DD/YYYY)* From: _____ To: _____

7. Amount Requested for Waiver: $ _____	8. P.O. Invoice Number: _____ Date: _____ *(Attach copy)*

9. Describe the nature of the erroneous payment for pay. *(Attach separate sheet if necessary.)*

10. Did you ask your supervisor about the possible error in your pay? If so, furnish details.

11. State the circumstances you feel justify waiver of this claim.

12. If you have made any repayments, list amounts and dates repaid.

Privacy Act Statement: Your information will be used to consider a waiver of claims for erroneous payment of pay. Collection is authorized by 39 U.S.C. 401, 409, 410, 1001, 1003, 1004, 1005, 1206; and 29 U.S.C. 2601 et seq.

Providing the information is voluntary, but if not provided, we may be unable to process your request. We may disclose your information as follows: in relevant legal proceedings; to law enforcement when the U.S. Postal Service (USPS) or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; to the Merit Systems Protection Board or Office of Special Counsel; the Selective Service System, records pertaining to supervisors and postmasters may be disclosed to supervisory and other managerial organizations recognized by USPS; and to financial entities regarding financial transaction issues.

I make the foregoing request for waiver of claim for erroneous payment of pay with full knowledge of the penalties involved for willfully making a false claim. (U.S.C., Title 18, Section 287, provides for a maximum fine of $10,000 or imprisonment for 5 years or both.)	**Application for Refund:** If collection of all or part of the amount in Item 7 is waived, I make application for refund of all, or the appropriate amounts repaid which are shown in Item 12.
Signature of Claimant	Date Signed *(MM/DD/YYYY)*

PART II. To Be Completed by Current Postmaster or Installation Head of the Active or Former Employee

(Retain one copy. Forward original and one copy to Manager, Human Resources (District).

Provide all additional facts or circumstances that will clairfy and amplify the statement of facts made by the claimant on the claim form, including a descritpion of how the overpayment occurred. *(Continue on separate sheet, if necessary)*

Gross Amount of Claim Listed by Pay Periods

Pay Period	Amount Paid	Amount Should Be	Pay Period	Amount Paid	Amount Should Be	Pay Period	Amount Paid	Amount Should Be
	$	$		$	$		$	$
	$	$		$	$		$	$
	$	$		$	$		$	$

To the best of my knowledge and belief there is no indication of fraud, misrepresentation fault, or lack of good faith on the part of the claimant or any other person having an interest in this request for waiver of claim.

Signature	Title	Date *(MM/DD/YYYY)*
Printed Name	Phone Number	

PART III. To Be Completed by Manager, Human Resources (District).

(Retain one copy. Forward original to Eagan Accounting Services.)

Review form for accuracy and completeness. Add any additional pertinent facts. *(Continue on separate sheet, if necessary.)*

Signature	Title	Date *(MM/DD/YYYY)*
Printed Name	Phone Number	

PART IV. To Be Completed by Manager, Eagan Accounting Services.

Gross Amount Claimed	$	Claim Allowed	
Gross Amount Waived	$	Claim Denied	

Signature	Title	Date *(MM/DD/YYYY)*
Printed Name	Phone Number	

MAIL TO: ACCOUNTING SERVICES, 2825 LONE OAK PKWY, EAGAN MN 55121-9616