

APPLICATION FOR WAIVER OF ERRONEOUS PAYMENTS

If more space is needed, use and 8 1/2 - by 11 - inch sheet; identify item by number.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 2774, 32 USC 716, 5 USC 5584; and EO 9397.

PURPOSE: Method by which Air Force members or employees request waiver of collection of erroneous payments of pay and allowances.

ROUTINE USE: Aside from disclosures within the Air Force and DOD, and to the Comptroller General in the course of administering the above waiver statutes, data may be routinely disclosed to the Department of Justice, and to commercial credit agencies whenever a financial status report is requested by the Air Force for use in administering the Federal Claims Collection Act. Social Security Number (SSN) will be used to distinguish you from all other individuals who have sought or may seek waiver.

DISCLOSURE IS VOLUNTARY: However, failure to disclose requested data, including your SSN, may prevent waiver consideration of the claim for erroneous payments you have received.

SECTION I—MEMBER OR EMPLOYEE INFORMATION

| | | | |
|--|---|--------|---|
| 1. NAME (<i>Last- First- Middle Initial</i>) | 2. GRADE | 3. SSN | 4. YEARS OF SERVICE OR SERVICE COMPUTATION DATE |
| 5. UNIT OR BASE OF ASSIGNMENT | 6. JOB TITLE | | 7. DUTY PHONE (AUTOVON) |
| 8. TYPE OF PAY AND/OR ALLOWANCE ERRONEOUSLY PAID (Attach Leave and Earnings statement (LES) for period of erroneous payment) | 9. TOTAL GROSS AMOUNT ERRONEOUSLY PAID (<i>not net</i>) | | |

10. STATE WHEN AND HOW YOU FIRST BECAME AWARE OF AN ERRONEOUS PAYMENT (*Include statement regarding reactions taken to correct the situation.*)

11. REASONS YOU BELIEVE WAIVER SHOULD BE APPROVED.

12. DO YOU REQUEST REFUND OF AMOUNT COLLECTED IF WAIVER IS APPROVED? YES NO

I certify the above items are true and correct to the best of my knowledge. The information presented may be referred to the Office of Special Investigations for verification. I understand the penalty for a false claim is a maximum fine of \$10,000 or maximum imprisonment of 5 years or both.

13. SIGNATURE

14. DATE

SECTION 11—ACCOUNTING AND FINANCE OFFICER (AFO) INFORMATION {REPORT OF INVESTIGATION}

| | | | |
|--|---|---------------------------------------|---------------------------------|
| 15. TOTAL GROSS AMOUNT OF ERRONEOUS PAYMENT | 16. DEBT ITEM | 17. PERIOD OF ERRONEOUS PAYMENT | |
| 18. START DATE AND AMOUNT COLLECTED MONTHLY | 19. SUBJECT OF NOTICE OF EXCEPTION? <input type="checkbox"/> YES <input type="checkbox"/> NO | 20. DATE ERRONEOUS PAYMENT DISCOVERED | |
| 21. DETAILED STATEMENT OF HOW AND WHY ERROR OCCURRED | | | |
| 22. IS THERE ANY INDICATION OF FRAUD, MISREPRESENTATION, FAULT, OR LACK OF GOOD FAITH ON PART OF MEMBER OR EMPLOYEE? <input type="checkbox"/> YES (<i>Explain</i>) <input type="checkbox"/> NO | | | |
| 23. STATEMENT AS TO WHETHER OR NOT MEMBER OR EMPLOYEE KNEW OR SHOULD HAVE KNOWN OF RECEIVING AN ERRONEOUS PAYMENT (<i>Furnish facts and circumstances to support answer.</i>) (<i>Also, state whether member or employee received LES during period of erroneous payment.</i>) | | | |
| 24. IF ANY OF THE ABOVE INFORMATION IS NOT PROVIDED, EXPLAIN. | | | |
| 25. DOES CLAIMANT REQUEST SUSPENSION OF DEBT COLLECTION? <input type="checkbox"/> YES (<i>State reason</i>) <input type="checkbox"/> NO | | | |
| 26. NAME AND GRADE OF PREPARER | 27. DATE | 28. POSITION TITLE | 29. PHONE (<i>AUTOVON</i>) |
| 30. NAME, GRADE, AND MAILING ADDRESS OF AFO | 31. SIGNATURE | | 32. DATE |