

## WAIVER/REMISSION APPLICATION

**AUTHORITY:** 10 USC 2774, 10 USC 6161, AND SECNAVINST 7220.38E et sequentia.

**PURPOSE:** To request waiver of collection of erroneous payments of pay and allowances or remission of indebtedness.

**ROUTINE USES:** By designated Navy and Marine Corps personnel and the Comptroller General of the United States in the course of administering the above waiver statutes.

**DISCLOSURE:** Disclosure is voluntary, however, failure to disclose requested data, including your social security number (SSN), may prevent waiver consideration of the claim for erroneous payments you have received. Your SSN is requested under the authority of Executive Order 9397 and will be used to distinguish you from all other individuals who sought or may seek waiver.

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### PART I

**INSTRUCTIONS:** Submit this application via your Commanding Officer and Disbursing Officer. Your Disbursing Officer will mail the completed application to the Navy and Marine Corps Finance Center as appropriate. Attach enclosures that support or clarify your request. Use a type writer or print clearly in ink.

1. NAME (Last, First, M.I.)	2. SSN	3. Rank/Rate	4. MOS	5. EAOS
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6. SHIP/STATION/UNIT (Including Mailing Address)

7. VIA: Commanding Officer,

Disbursing Officer,

8. ENCLOSURES:

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### PART II

**INSTRUCTIONS:** Answer all pertinent questions. attach enclosures as required.

9.	AMOUNT OF ORIGINAL DEBT/ERRONEOUS PAYMENT	\$	_____
	AMOUNT REPAYED	\$	_____
	AMOUNT FOR WHICH WAIVER/REMISSION IS REQUESTED	\$	_____

	Yes	No	(Check appropriate block)
10.	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive LES's during the period of erroneous payment?
11.	<input type="checkbox"/>	<input type="checkbox"/>	Did you review LES's during the period of erroneous payment?
12.	<input type="checkbox"/>	<input type="checkbox"/>	Did these LES's show the erroneous payment? (If yes, attach copies of the LES's)
13.	<input type="checkbox"/>	<input type="checkbox"/>	Do you desire a refund of the amount repaid if request approved under 10 USC 2774?
14.	<input type="checkbox"/>	<input type="checkbox"/>	Do you request waiver/remission of the entire debt?
15.	<input type="checkbox"/>	<input type="checkbox"/>	Have you petitioned the Board for Correction of Naval Records?
16.	<input type="checkbox"/>	<input type="checkbox"/>	Will repayment of this debt result in extreme financial hardship? (If yes, attach a completed financial statement)
17.	<input type="checkbox"/>	<input type="checkbox"/>	Do you request suspension of collection pending a determination?
18.	<input type="checkbox"/>	<input type="checkbox"/>	Did you know or suspect you were overpaid? (If yes, plain in Part III)
19.	<input type="checkbox"/>	<input type="checkbox"/>	Has debt or erroneous payment been explained to your satisfaction?
20.	<input type="checkbox"/>	<input type="checkbox"/>	Have you been provided with a written description of the debt or erroneous payment?

21. Date and means by which you were notified of indebtedness or erroneous payment. (When, how and by whom) Provide a copy of written notification.

**PART III**

**INSTRUCTIONS:** Explain in your own words and to the best of your knowledge, as clearly and concisely as you can what happened. Include such fact as the cause of your debt or overpayment, the period involved, and your understanding of the entitlements concerned. State any recollection of when, how, and to whom you voiced your knowledge or suspicion of error, and any other efforts you may have made to have the error corrected.

1. The circumstances surrounding this debt or erroneous payment are:

I certify the above information is true and correct to the best of my knowledge. The information presented may be referred to the Naval Investigative Service 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.

2. SIGNATURE

3. DATE

**COMMANDING OFFICER'S ENDORSEMENT:**

I \_\_\_\_\_ have \_\_\_\_\_ have not reviewed the member's application and circumstances surrounding the indebtedness or erroneous payment.

I recommend the application be \_\_\_\_\_denied \_\_\_\_\_approved in the amount of \$ \_\_\_\_\_.The basis of this recommendation is as follows:

\_\_\_\_\_ Continued collection at the rate of \$ \_\_\_\_\_monthly is directed.

\_\_\_\_\_ Suspension of collection is authorized.

SIGNATURE

GRADE

DATE

NAME AND TITLE

**DISBURSING OFFICER'S ENDORSEMENT** (To be completed by the Disbursing Office maintaining member's account)

	Yes	No	(Check appropriate response)
1.			Has validity of debt or erroneous payment been verified?
2.			Has Master Military Pay Account been updated to effect the indebtedness as described?
3.			Has member claimed consideration for financial hardship? (If yes, is financial statement attached? <u>  yes  </u> <u> no </u>

4. Gross Debt/Erroneous Payment	5. Offsets, Deductions or Collections	6. Amount Outstanding as of day prior to Commanding Officer's endorsement
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7. Collection      has      has not been suspended.

8. Provide an analysis of how amount of debt was derived. Include specific items of pay/allowances, monthly rates and inclusive dates. Indicate any entitlements or credits used to offset debt (i.e. BAQ(w/o) vice BAQ(D)). If unable to identify specific item(s) of pay, provide monthly breakdown of pay for the period of overpayment (PAYPERSMAN Illustration 1-2-20a). Submit a copy of worksheet/temporary pay account (NAVCOMPT 3071B) if appropriate.

9. Provide specific date and means by which member was notified of the indebtedness. Is a copy of written notification attached?   yes    no

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10. Furnish a complete explanation of reason the debt occurred (i.e., regulation change, status change, incomplete/erroneous information etc.).

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11. Do you think the member know or should have reasonable been aware of this debt before the notification date? If yes, specify actions the member could have taken to report and/or correct the situation(s) leading to the debt. If the member did take action to report and/or correct the situation leading to the debt prior to notification, why was corrective action not taken at that time (i.e., lack of up-to-date pay information, misinterpretation of regulations, improper disbursing procedures, etc.). Also, make a recommendation regarding corrective measures which could be taken to prevent similar errors. You may make a recommendation as to what action should be taken on this application provided the basis of that recommendation is also included.

Prepared by:	Position Title	Autovon No.
Disbursing Officer's Signature		Date