



U.S. Department of Health and Human Services Request for Waiver of Overpayment or Hearing

INSTRUCTIONS: Read these instructions carefully before completing.

The Secretary of HHS must collect on any claim of the United States for money or property arising out of the activities of the Department. 31 U.S.C. § 3711(a). Any debt owed to HHS may be collected through administrative offset or wage garnishment. 31 U.S.C. § 3716(a), § 3720D.

If an employee, including a former employee, who receives a debt notice from the Department disputes the: (1) existence of the debt; (2) amount of the debt; or (3) Department's proposed repayment schedule, the employee may file a timely written request for a hearing before any collection actions begin. Requests for hearing must be filed no later than 30 calendar days from the date of the debt letter. A request for hearing that is filed by the deadline will be reviewed by an Administrative Law Judge or other appropriate official and a written decision on the employee's request will be entered and sent to the employee no later than 60 calendar days of the request's date.

If an employee, including a former employee, acknowledges the validity of the debt, the employee may seek a waiver of the debt. Pursuant to 5 U.S.C. § 5584, the Secretary of HHS, or designee, may waive erroneous payments of pay and allowances (including travel, transportation and relocation expenses) if the collection would be against equity and good conscience and not in the best interest of the United States. Waiver cannot be granted if there is an indication of fraud, misrepresentation, fault or lack of good faith on the part of the employee or any other person having an interest in obtaining a waiver of the claim. A request for waiver must be filed no later than 3 years after the date of the debt letter sent to the employee.

For a hearing requests: Attach a separate statement specifying which decision you are disputing and why. For waiver requests (including reconsiderations): Attach a separate statement explaining why you should be granted a waiver under 5 U.S.C. § 5584. For all requests: Be as detailed as possible. Include supporting documentation and list any supporting witnesses. **Provide all of the information requested on this form and sign it. Incomplete forms will be returned without further action. Send completed form and attachments to your HR service center. More information on how to submit your request is available at <https://intranet.hhs.gov/hr/policy/debt-collection>.**

EMPLOYEE INFORMATION

Employee Name:

Total waiver request: \$

Employee mailing address:

(street address)

(city, state, zip code)

Daytime telephone: ()

Email:

Date of debt letter:

(month, day, year)

Date you received debt letter:

(month, day, year)

Read each option below carefully and select only one.

Note: The fact that an overpayment occurred due to an administrative error is not sufficient reason to determine that the debt does not exist and should not be repaid or that the debt should be waived. All employees are expected to monitor their pay for accuracy and promptly alert your supervisor and or servicing human resources staff about unexplained increases.

I am requesting a hearing because I dispute the existence of the debt and or the amount of the debt owed to HHS, or I am disputing the Department's proposed repayment schedule. This request for hearing is being submitted within 30 calendar days of the date of the debt letter sent by DFAS. See Department guidance: Guidance for Hearings *available at* <https://intranet.hhs.gov/hr/policy/debt-collection>.

I am requesting a waiver of overpayment pursuant to 5 U.S.C. § 5584 because the overpayment occurred due to an administrative error and I was not aware of the error **and** could not have reasonably been expected to have known of the error through receipt of any official document, e.g., Leave and Earning Statements (LES), Notification of Personnel Action (SF-50), etc. I am aware that I am not entitled to a hearing under the waiver provision. This request for waiver is being submitted within 3 years of the date of the debt letter sent by DFAS. See Department guidance: Frequently Asked Questions, Waiver of Overpayment *available at* <https://intranet.hhs.gov/hr/policy/debt-collection>.

I do not request a waiver of overpayment pursuant to 5 U.S.C. § 5584. However, I am requesting that any administrative charges and or interest accrued due to my indebtedness be waived because the overpayment occurred through an administrative error. I was not aware of the error **and** could not have reasonably been expected to have known of the error through receipt of any official document, e.g., Leave and Earning Statements (LES), Notification of Personnel Action (SF-50), etc.

Employee Certification

By signing below, I swear or attest that the information I have provided on this form and all attachments, including statements from witnesses, are true to the best of my knowledge. I understand that any knowingly false or frivolous statements, representation, or evidence may subject me to disciplinary procedures appropriate under 5 U.S.C. chapter 75; 5 C.F.R. § 752 or any other applicable statutes or regulations; penalties under the False Claims Act, 31 U.S.C. § 3729-3731 or any other applicable statutory authority; or criminal penalties under 18 U.S.C. §§ 286, 287, 1001, 1002 or any other applicable statutory authority.

Employee signature

Date

TO BE COMPLETED BY THE SERVICING HUMAN RESOURCES STAFF

Name

Telephone

HR staff signature

Date (month, day, year)

PRIVACY ACT NOTIFICATION

This notice is provided pursuant to Pub. L. 93-579, Privacy Act of 1974, 5 U.S.C. § 552a, for individuals supplying information for a waiver of overpayment or hearing. The information on this form is solicited pursuant to one or more of the following provisions: 5 U.S.C. §§ 5514 and 5584; 31 U.S.C. §§ 3716(a) and 3720D; 45 C.F.R. Parts 30, 32 and 33. Disclosure of the requested information is voluntary, but necessary for processing. The primary use of the information supplied on this form, and any attachments, is for evaluating claims arising out of an erroneous payment of pay or allowances. This information may be disclosed to the (1) U.S. Department of Justice for litigation or further administrative action; (2) to the U.S. Department of the Treasury; and (3) other agents of HHS to assist with collecting or compromising a debt or as required or permitted by law. Social Security numbers are requested to identify the employee and the debt owed to the Department. Failure to supply the information will result in denial of a request.