

WAIVER/CANCELLATION REQUEST

DEPARTMENT	AGENCY	DATE OF REQUEST							
DEBTOR NAME		DEBTOR NUMBER							
BILL NUMBER(S)									
REASON FOR DEBT (MUST CHECK ONE)									
<input type="checkbox"/> Corrected Time and Attendance <input type="checkbox"/> FEHB <input type="checkbox"/> Salary Overpayment <input type="checkbox"/> Erroneous Cash Award <input type="checkbox"/> FEGLI <input type="checkbox"/> Other (Explanation)									
ABCO INTERNALLY USES THE FOLLOWING DEFINITIONS: PLEASE SELECT WAIVER OR CANCELLATION. MUST SELECT ONE.									
Waiver is the agency's forgiveness of an employee's debt. <input type="checkbox"/> Waiver is Approved <input type="checkbox"/> Partial Waiver is Approved <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">AMOUNT</th> <th style="width: 50%;">PAY PERIOD(S)</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </tbody> </table>	AMOUNT	PAY PERIOD(S)			Cancellation is an erroneous debt which should not have been generated. <input type="checkbox"/> Cancellation is Requested <input type="checkbox"/> Partial Cancellation is Requested <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">AMOUNT</th> <th style="width: 50%;">PAY PERIOD(S)</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </tbody> </table>	AMOUNT	PAY PERIOD(S)		
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To comply with various Debt Collection Regulations and to ensure the accurate processing of W-2s, provide an explanation of why the debt(s) are being waived or cancelled (attach additional pages if needed).									
AGENCY CONTACT	PHONE	EMAIL							
AUTHORIZED BY	TITLE OF AUTHORITY								
SIGNATURE OF AUTHORITY		DATE SIGNED							

Please note that it is the agency's responsibility to retain all documents that support the execution of the waiver or cancellation.