

## REQUEST FOR COMPROMISE OF CLAIM FOR ERRONEOUS PAY

<b>Name &amp; SSN</b> <b>Address of Indebted Employee</b>	<b>Agency Where Currently Employed</b>  <b>Employing Agency &amp; Office at Time of Overpayment</b>	
<b>Employee's Federal Service Computation Date (or estimated no. of yrs. of Fed. civilian service at time of error)</b>	<b>Amount of Claim</b> \$	<b>Date of Claim</b>
<b>Overpayment Type (allowances, pay, understated deductions, negative leave balance, or award)</b>  <b>Overpayment Period (dates)</b>	<b>How and When you became aware of overpayment</b>	
<b>Occupation, Grade, &amp; Step at Time of Error:</b>	<b>Did You Notify Your Supv., Personnel, or Payroll Office of the Error? If so, when?</b>	
<b>Amount Collected \$</b>	<b>Office That Asserted Claim</b>	
<b>What Was the Reason for the Overpayment?</b>		
<b>How Much Do You Want Forgiven? \$_____ . Why Do You Believe You Are Entitled to Forgiveness Of Such A mount?</b> (Attach a certified Income & Expense Statement [Financial Status Statement] if reason is financial hardship.)		
<b>Printed/Typed Name &amp; Complete Mailing Address of Requester</b>	<b>Signature of Requester (&amp; title, if not indebted employee, e.g., Personnel Officer or Beneficiary of Deceased Employee)</b>	
<b>Daytime Phone Number</b> ----- <b>Attachments (specify)</b>	<b>Date of Request</b> ----- <b>Date Request Received (for agency use)</b>	