# INDIAN HEALTH SERVICE CASE CHECKLIST

# WAIVER OF OVERPAYMENT REQUEST

## Employee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## HR contact for case: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## [ ]  Regional HR Office “Report of Investigation” (ROI):

[ ]  Addressed to the Director, Office of Human Resources, in memo or report format.

[ ]  Provides the employee’s name, position, grade, salary, job location, etc.

[ ]  States the gross overpayment amount and the period of time under discussion.

[ ]  Describes the administrative error that occurred. States how the error was discovered and how the employee was informed.

[ ]  Includes a chronology of events and a pay history.

[ ]  Verifies, or refutes, the facts as stated in the employee’s written request.

[ ]  Indicates whether any other employees were affected by the same or a similar error.

[ ]  Concludes with the administrative judgment by the HR Regional Director.

[ ]  Signed by the Regional HR Director with concurrence from the Area Director.

## [ ]  Employee’s written request for waiver of overpayment:

[ ]  Submitted within three years of the date of the Defense Finance and Accounting Service (DFAS) debt collection letter.

[ ]  Provides the employee’s name, position, grade, salary, location, home address, etc.

[ ]  Describes the situation and events that led to the overpayment.

[ ]  Explains why the employee believes the debt should be waived.

[ ]  Signed and dated by the employee.

## [ ]  HHS-710, “Request for Waiver of Overpayment or Hearing”:

[ ]  HHS-710 signed by employee and HR Representative. <https://intranet.hhs.gov/sites/default/files/s3fs-public/s3fs-public/2019-08/FORM%20710%20%2803-14-19%29R.pdf>

## [ ]  DFAS Debt Collection Letter:

[ ]  The period of time stated = the period of time noted in all supporting documentation.

[ ]  The gross debt amount stated is correct and matches all supporting documentation. The gross amount is usually waived, not the net amount or the remaining balance.

[ ]  DFAS audit sheet is attached.

## [ ]  Employee’s Leave and Earnings Statements (LES):

[ ]  All LESs from one pay period before the debt began, to one pay period after it ended.

[ ]  If LESs are unavailable, an explanation as to why not is included and alternative documentation is provided (e.g. a master pay history).

## [ ]  Additional documentation, as appropriate to case:

[ ]  SF-50s, Capital HR printouts.

[ ]  Pertinent forms – benefits, annuity adjustments, incentive approvals, etc.

[ ]  Time and attendance reports.

[ ]  Correspondence – offer letters, relevant e-mails, etc.

[ ]  References available to employee on pay and benefits – electronic or paper.

## [ ]  Copy of this checklist completed.

## [ ]  Personally Identifiable Information (PII) is redacted on all paperwork.