ADJP WAIVER/CANCELLATION REQUEST

DEPARTMENT	AGENCY	DATE OF REQUEST

DEBTOR NAME	DEBTOR NUMBER

BILL NUMBER(S)

DEBTOR STATUS

☐ On-The-Roll Employee ☐ Separated Employee

REASON FOR DEBT (MUST SELECT ONE)

☐ Corrected Time and Attendance ☐ FEHB ☐ Salary Overpayment
☐ Erroneous Cash Award/Bonus ☐ FEGLI ☐ Other (Explain)

ABCO INTERNALLY USES THE FOLLOWING DEFINITIONS: PLEASE SELECT WAIVER OR CANCELLATION. SELECT ONLY ONE.

Waiver is the Agency's forgiveness of an employee's debt.

☐ Salary Overpayment
☐ Other (Explain)

AMOUNT	PAY PERIOD(S)

Cancellation is an erroneous debt which should not have been generated.

☐ Cancellation is Requested
☐ Partial Cancellation is Requested

AMOUNT	PAY PERIOD(S)

To comply with various Debt Collection Regulations and to ensure the accurate correction of W-2s, provide an explanation of why the debt(s) was generated and is being waived or cancelled (attach additional pages if needed).

AGENCY CONTACT	PHONE	EMAIL

AUTHORIZED BY (Please print name)	TITLE OF AUTHORITY

SIGNATURE OF AUTHORITY	DATE SIGNED

NOTE: A representative from NFC's Information Technology Services Division (ITSD) will contact you for any additional information required.