ADJP WAIVER/CANCELLATION REQUEST

DEPARTMENT	AGENCY				DATE OF REQUEST	
DEBTOR NAME					DEBTOR NUMBER	
BILL NUMBER(S)						
DEBTOR STATUS						
On-The-Roll Employee Separated Employ	yee					
REASON FOR DEBT (MUST SELECT ONE)						
Corrected Time and Attendance			Overpayment			
Erroneous Cash Award/Bonus FEGLI		Other (I	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.		Cancellati	on is an erroneous d	ebt which should no	t have been generated	i.
Waiver is Approved		🗌 Car	cellation is Requested			
Partial Waiver is Approved		🗌 Par	tial Cancellation is Req	uested		
AMOUNT PAY PERIOD(S)	7	[AMOUNT	PAYPE	RIOD(S)	
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To comply with various Debt Collection Regulations and to				s, provide an expla	nation of why the	
debt(s) was generated and is being waived or cancelled (a	attach ad	laitional pag	jes ir needed).			
AGENCY CONTACT	PHO	NE	EMAIL			
AUTHORIZED BY (Please print name)	TITL	E OF AUTHORITY	,			
SIGNATURE OF AUTHORITY	I			DAT	E SIGNED	
Please note that it is the Agency's responsibility to retain all documen	ts that sup	port the exec	ution of the waiver or o	cancellation.	FORM AD-3041 (Revised	d 2/15