

RVD 6-5-09



United States Department of the Interior

OFFICE OF THE SECRETARY
National Business Center
Payroll Operations Division
PO Box 272030
Denver, Colorado 80227-9030



06/01/2009

MR.. JEFFREY LEWIS
28242 S SALO RD
MULINO, OR 97042-0000

DEBT ID 91530215722

The Payroll Operations Division has determined that you have received a Federal Salary payment in excess of the amount to which you were entitled. This erroneous payment constitutes a debt, which is owed to the United States. The reason for the overpayment was a time sheet correction submitted by your agency, a time sheet correction processed by your agency.

You have certain legal and regulatory rights and obligations in regard to this salary overpayment. Please refer to the attached information sheet for a summary of these provisions.

Please note that payment in full is due by 7/1/2009. You may elect to make payments through payroll deductions. The attached payment agreement form provides you with several options if you do not wish to pay the total amount by check or money order.

If you have any questions concerning the specifics of the debt, please contact Jeff Moore of the Debt Management Branch at 303-969-5845.

ATTACHMENT

As indicated in the bill, you were overpaid in the pay periods indicated below. The information below lists the pay codes and amounts, which were part of the overpayment. The total gross overpayment is listed. The net amount you must repay is the gross overpayment minus any amount that can be recovered from another entity (such as Medicare).

Adjustment Pay Code	Processing Pay Period	Effective Pay Period	Time	Amount
ADMIN LEAVE OTHER - USED	200911	200823	-8.00	\$399.20
Total Gross Pay Adjustments:				\$399.20
Less Applicable Recoverables:				
Federal Withholding:				\$0.00
State Withholding:				\$0.00
Local Withholding:				\$0.00
Medicare:				-\$5.78
OASDI:				-\$24.75
Retirement:				-\$5.19
TSP:				\$0.00
HEALTH BENEFIT				\$2,289.58
Net to be Paid by Employee:				\$2,653.06

IP-0911 call 5/2/09

*770¹⁶ offset by Chris
201⁰⁹ salary overpay
508⁰⁷ FEHB*

DEBT COLLECTION INFORMATION

If some or all of this bill is due to an overpayment that occurred in the current calendar year, there will be tax consequences if the bill is not paid in total by the end of the calendar year. Unless paid in full by December 31, an allocable portion will be included on your W2 as taxable income for this year.

The amount of the bill will increase by the amount of the OASDI and/or Medicare taxes, if the repayment is not completed within three years and three months from the year in which the overpayment occurred.

Bills not paid in full by the due date will be assessed interest at 3.000% per annum on the unpaid balance from the date of the bill through the date of complete payment. Bills that have not had collections within 90 days of the due date will also be assessed a penalty charge of 6.000% per annum computed from the date of the bill through the date of complete payment.

If this bill is not paid in full within 30 days, or you have not contacted us within 30 days to dispute the debt or to arrange a suitable alternative payment method, we will begin payroll deductions, including interest, and penalty, from your salary. If you separate prior to full collection of this debt, we will recover the entire remaining balance, if possible, via deductions from your final pay and/or lump sum leave payment. Any outstanding balance at that point will be transferred to your agency for further action.

If you believe you had no reason to recognize this as an erroneous payment, and that collection would be against equity and good conscience, you may apply for a waiver of repayment of this bill. Your request must explain the circumstances of the overpayment to the best of your knowledge, and must tell what steps you took, if any, to bring the matter to the attention of the appropriate official and the agency's response. Please send your request along with a copy of this letter and copies of any correspondence or documents that support your request to:

Office of Financial Management
Richard Toye
1200 NEW JERSEY AVE SE
Washington, DC 20590

You have the right to inspect and copy our records relating to the debt. You may have a hearing on our determination of the debt if you file, within 15 calendar days of the date you receive this bill, a petition requesting a hearing. Your petition, which should identify and explain the facts, evidence, and witnesses which you believe support your position. The petition should be addressed to:

Office of Financial Management
Richard Toye
1200 New Jersey Ave SE
Washington, DC 20590

If you file a petition for a hearing or if you request a waiver, please provide this office with a copy of your petition or your waiver request. This will enable us to stop interest accruals and collections until the hearing and/or waiver process is completed. Mail the copy to:

DOI - National Business Center
Payroll Operations Division
Attn: Debt Management Branch D-2640
P.O. Box 272030
Denver, CO 80227-9030

PAYMENT AGREEMENT FORM

Please indicate your intention to pay the debt by checking the appropriate space below.

____ 1. I elect to pay the full amount of my debt by check or money order. (Checks and money orders must be made payable to the Department of the Interior. Enclose the check or money order with this form). Please send your payment to:

DOI - National Business Center
Payroll Operations Division, D-2613
PO Box 272030
Denver, CO 80227-9030

____ 2. I elect to pay the full amount of my debt by a one-time payroll deduction.

____ 3. I elect to repay the debt through biweekly payroll deductions at 15% of disposable pay*. Interest will continue to accrue on the unpaid balance.

____ 4. I elect to repay my indebtedness through biweekly payroll deductions of \$ _____ which is in excess of the 15% limit that the Payroll Operations Division is legally allowed to offset from my disposable pay without my consent. I understand that I may authorize a payroll deduction in excess of 15% of my disposable pay. Interest will continue to accrue on the unpaid balance.

____ 5. I elect to repay my indebtedness through biweekly payroll deductions of \$ _____ or _____ %, which is less than 15% of my disposable pay. I understand that this option must be an amount acceptable to my agency and that this biweekly deduction is sufficient to satisfy this debt within 3 years. Interest will continue to accrue on the unpaid balance.

If you elect options two, three, four or five, please return this signed document to:

DOI -National Business Center
Payroll Operations Division
Debt Management Branch, D-2640
PO Box 272030
Denver, CO 80227-9030

OR FAX

(303) 969-5392

Type/Print Name: JEFFREY N LEWIS

Agency: DOT - FAA

Debt ID: 91530215722

Signature: _____

Date: _____

*31 C.F.R. 285.7(G) - The amount of offset from a salary payment under this section shall be the lesser of: (i) The amount of the debt, including any interest, penalties and administrative costs; or (ii) An amount of up to 15% of the debtor's disposable pay. (2) Alternatively, the amount offset may be an amount agreed upon, in writing, by the debtor and the creditor agency. (3) Offsets will continue until the debt, including any interest, penalties, costs, is paid in full or otherwise resolved to the satisfaction of the creditor agency.

Disposable pay for this purpose is defined as your biweekly gross pay less deductions required by law (retirement, thrift savings plan, Federal, state, local taxes, Medicare, OASDI, regular life insurance, and health benefit premiums) and any other debt owed to the United States Government.