

ERROR NOTICE

(USE THIS FORM ONLY TO REPORT ERRORS)

NOTE TO EMPLOYEE: Normally, *second* check you receive after sending Error Notice should show adjustment requested.

1. DATE

2. NAME

3. SS ACCOUNT NO.

4. TIMEKEEPER NO.

5. ERROR OCCURRED IN PAY PERIOD ENDING:

TO:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PERSONNEL AND PAY SYSTEMS DIVISION
8455 COLESVILLE ROAD, SUITE 700
SILVER SPRING, MD 20910

SENDER:

- Insert your name and address in space provided below.
- Forward original and one copy.
- Retain one copy for your file.

(Fold)

6. Describe the nature of the error in detail. Attach Employee's Copy of Earnings and Leave Statement, if necessary. Use this Error Notice to refer only to the payroll error(s) of the employee named above.

(FOR USE BY PERSONNEL AND PAY SYSTEMS DIVISION)

(Fold)

7. REPLY:

8. PR UNIT NO.

9. DATE COMPLETED:

10. SIGNATURES:

CLERK _____ SUPERVISOR _____

11. EFFECTIVE PAY PERIOD ENDING:

12.

← **SENDER'S NAME AND MAILING ADDRESS**

INFORMATION TO EMPLOYEE:

Title 5 USC 5501 et seq and Executive Order 9397 authorize the collection of the information requested on this form, including the Social Security number. The information you disclose, including your Social Security number, will be used to determine if a pay error exists and to correct the pay error. The information may also be used: a) by a Federal, state or local agency for investigating or prosecuting a violation or potential violation of law; b) by the Civil Service Commission in carrying out its functions; c) by the Department of Treasury in preparing and issuing employee salary and compensation checks and U.S. Savings Bonds; and d) for other routine uses published in accordance with 5 USC 552a. Your failure to disclose the information requested, including your Social Security number, may result in the pay error not being corrected or brought to the attention of the payroll office.