



Payroll Services Letter

Number: PS05-02.2
Date: June 16, 2008 (Revised **May**, 2009)
Subject: Agency Administrative Salary Offset
Category: Debt Management

Reference: PS05-02.1, Subject: Agency Administrative Salary Offset, dated June 16, 2008. PS05-02.2 supersedes PS05-02.1. Please replace that letter with this one.

Purpose

This provides new procedures for requesting salary offset to recover administrative debts incurred by employees.

OPDIV Finance and Administrative Offices must submit requests for recovery of an administrative debt, such as, travel advances, equipment, training, salary advances, and emergency salary payments to the DFAS Cleveland Payroll Office. The request must be submitted using Department of Defense (DD) Form 2481, Request for Recovery of Debt Due the United States by Salary Offset (Attachment A), and faxed or mailed to the following address for action:

DFAS Cleveland
Civilian Payroll Office
8899 E 56th Street
Indianapolis, IN 46249-1900

Fax Number:

Toll Free: 1 (866) 401-5849
Commercial: (317) 275-0354

The supporting documentation should be retained by the submitting office, and should include a copy of the notification informing the employee of salary offset and requesting payment, and the employee's agreement for collection (if applicable). For additional information on debt collections, see Payroll Services Letter 05-09.2 "Debt Collections".

For further assistance or for questions regarding the information in this letter, please contact your Payroll Customer Service Team.

Attachment A

Request for Recovery of Debt Due the United States By Salary Offset							
1 Paying Agency Identification (OPDIV)				2 Employee Identification			
a. Name				a. Name (Last, First, Middle Initial)			
b. Address (Street, City, State and Zip Code)				b. Address (Street, City, State and Zip Code)			
				c. Date of Birth		d. Social Security Number	
To liquidate a debt to the United States, the named Creditor Component asks that the debt be collected as shown from the current pay of the employee identified above. Notices and inquires concerning the debt should be sent to							
3. Debt Information							
a. Reason for Debt							
b. Date Right to Collect Accrued				c. Debt Identification Number, If Any			
d. Original Debt Amount		\$		e. Number of Installment		@	Amount
						(1)	(2)
f. Interest Due (If none, show N/A)		\$					\$
g. Penalty Due (If none, show N/A)		\$					\$
h. Administrative Cost (If none, show N/A)		\$					
i. Total Collection To Be Made				j. Commence Deductions On (Enter Date)			
4. Due Process (X applicable items and either enter date action taken in Column (1) or X Column (2) or (3) and attach acknowledgment or consent.)							
		Date Action Taken (1)	Acknow ledgement (2)	Consent (3)			Date Action Taken (1)
a. Creditor Component 30 Day Salary Offset Notice					d. Hearing Held		
b. Employee Did Not Respond (Consent assumed)					e. Decision for Creditor Component		
c. Employee Requested A Hearing					f. Other (Specify)		
I Certify the following: (1) The debt identified above is properly due the United States from the named employee in the amount shown; (2) This Agency's regulations implementing 5 U.S.C. 5514 have been approved by the Office of Personnel Management (3) The information concerning this Component's and the employee's actions is correct as stated.							
5. Creditor Component Information							
a. Name							
b. Address (Street, City, State and Zip Code)							
c. Accounting Classification (Line of Accounting)							
d. Document Number							
e. Certifying Official							
(1) Signature				(2) Date Signed			
(3) Title				(4) Telephone Number			
6. DFAS Accounting Office							
a. Office and Symbol				b. Date			

HHS Revised form DD2481