

## DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

## **Memorandum (Form)**



(Sample Memorandum Requesting Salary Offset)

Date:						
From:	Chief, Accounting Branch, FDA					
Subject:	Salary Offset Request - Emergency Employee Payment Not Repaid					
To:	Division of Personnel and Pay Systems Payroll Accounting Group - Room 1000 330 Independence Avenue, S.W. Washington, D.C. 20201 ATTN: Reconciliation Team					
We are red	questing your assistance i	n collecting the following	employee debt via	salary/ retirement offset.		
Employee	's Name					
Social Security No.			Time Keeper Number			
It consists of \$		oal, \$ intere strative cost charges are	st, \$ not included in the			
Amount to	be Withheld (Check only	one)				
The a	mount to be withheld each ered.	n pay period is 15 percent	of disposable pay	until the full amount is		
	of employee consent is a			yee agreed to this amount, in writing lods, and deduct \$ the last		
	The amount to be withheld is the full amount of the debt from the employee's last pay and/or lump sum leave payment as the employee is leaving Government service.					
	ative and regulatory sourc C. 3716; 5 U.S.C. 5514, a			Debt Collection Act of 1982 (P.L. 97-365	)	
including r				rocess rights. See attached demand letterally or the debt has been ruled valid and	r,	
CAN Num	ber	Agency Location Cod	de	Appropriation		
iviallilig Ad	dress for SF 1081					

Comments							
For further information, please contact	on						
	Raymond Chin						
	Director, Division of Accounting						
Au. 1							
Attachment(s)							
cc: Servicing Personnel Office - Employee Record							