



# Payroll Deduction Authorization to Liquidate Postal Service™ Indebtedness

## Definitions

\* The terms "disposable pay" and "current pay" refer to that part of an employee's salary which remains after all required deductions, normal retirement contributions, FICA and Medicare insurance taxes, and employee-paid federal health insurance premiums, are made.

## General Information

The postmaster/installation head completes this form in triplicate.

Send Part 1 to the USPS Scanning and Imaging Center, PO Box 9000, Sioux Falls SD 57117-9000. Send Part 2 to personnel and Part 3 to the employee.

Employee Name (As shown on paycheck)		Social Security Number
Finance Number	PRD Reference Number	Total Debt

Type of Offset

Administrative — Nonbargaining-Unit Employee (Maximum 15% of disposable pay \*)  Court Judgment (Maximum 25% of current pay \*)

Administrative — Bargaining Unit Employee (Maximum 15% of disposable pay \* or 20% of gross pay, whichever is lower when salary offset starts)  Voluntary (No maximum)

Home Address (Include ZIP + 4 <sup>®</sup> )	Postal Facility Where Employed (Include ZIP + 4)
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## Pay Period Deductions

NOTE: A request must be received at the ASC no later than Tuesday of the week in which the pay period ends in order to be effective for the pay period.

<b>Deductions Begin:</b>	Pay Period	Year
<b>Deduction Per Pay Period:</b>	Nonbargaining-Unit Employee \$ _____ or _____ % of disposable/ current pay. *	Bargaining Unit Employee \$ _____ or _____ % of disposable/ current pay * or _____ % of gross pay.

## Voluntary Authorization

I acknowledge that I am indebted to the Postal Service in the amount specified above, and I request that I be permitted to liquidate this debt through payroll deduction from my salary checks as indicated above. If, at the time of my separation from the Postal Service, this debt has not been fully satisfied, the Postal Service may apply any sums due me, without limitation, to the outstanding balance. I hereby certify, that the foregoing statements are true and correct to the best of my knowledge and belief, and they are made of my own free will and at my discretion.

Signature	Date
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## Involuntary Authorization

The employee has been notified of the Postal Service's determination of the debt set forth above and the applicable set-off procedures have been provided. Accordingly, the deductions may be made on an involuntary basis.

Authorized Individual's Printed Name, Title, and Signature	Date
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## Cancellation

Cancel deduction in accordance with instructions on file in this office.

Authorized Individual's Printed Name, Title, and Signature	Date
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**Privacy Act Statement.** The collection of this information is authorized by 39 USC § 401. This information will be used to settle a financial difference with the Postal Service. As a routine use, this information may be disclosed to an appropriate law enforcement agency for investigative or prosecutorial purposes, to a congressional office at your request, to OMB for review of private relief legislation, to a labor organization as required by the NLRA, and where pertinent, in a legal proceeding to which the Postal Service is a party. Completion of this form is voluntary. However, if this information is not provided, your personal situation may not be fully considered during the resolution of the difference.



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