



**PART II – To Be Completed By Postmaster, Installation Head Of Employee, Retired Or Former Employee**  
 (Retain one copy. Forward original and duplicate to Division Field Director, Human Resources)

GIVE ALL ADDITIONAL FACTS OR CIRCUMSTANCES THAT WILL CLARIFY AND AMPLIFY THE STATEMENT OF FACTS MADE BY THE CLAIMANT, OR FACTS OVERLOOKED OR INCORRECTLY STATED BY THE CLAIMANT ON THE CLAIM FORM, INCLUDING A DESCRIPTION OF HOW THE OVERPAYMENT OCCURRED *(Continue on separate sheet, if necessary)*

**GROSS AMOUNT OF CLAIM LISTED BY PAY PERIODS**

Pay Period	Amount Paid	Amount Should Be	Pay Period	Amount Paid	Amount Should Be	Pay Period	Amount Paid	Amount Should Be

To the best of my knowledge and belief there is no indication of fraud, misrepresentation fault, or lack of good faith on the part of the claimant or any other person having an interest in this request for waiver of claim.

SIGNATURE	TITLE	DATE
-----------	-------	------

**PART III – To Be Completed By The Division Field Director, Human Resources**

SIGNATURE	TITLE	DATE
-----------	-------	------

**PART IV – To Be Completed By Director, Minneapolis Postal Data Center, Or His Designee Only**

GROSS AMT. CLAIMED	\$	h CLAIM ALLOWED	
GROSS AMT. WAIVED	\$		
SIGNATURE OF APPROVING OFFICER	TITLE	DATE	