

REMISSION APPLICATION

Instructions: Submit this application via your unit commanding officer to the Pay & Personnel Center (PPC). Attach all enclosures that support or clarify your request. (Effective 10 May 2007, SPO Endorsements no longer required, but an FYI copy may be sent to the SPO.) *Only enlisted personnel may submit a request for remission.*

Name (Last, First, M.I.)	EMPLID	Rate/Grade	Date of Separation	Months in which overpaid
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Unit:	Unit Phone:	Unit Address:
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Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>	(Spouse's Service:) <input type="checkbox"/> Married to Military Member	Number of Dependents: (Excluding family members on active duty.)
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Did you know or suspect you were overpaid? Yes <input type="checkbox"/> No <input type="checkbox"/>	Total Service: Years: Months:	Total Sea Service: Years: Months:	Amount of Remission Requested: \$
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Type of Overpayment: BAH <input type="checkbox"/> BAS <input type="checkbox"/> FSA <input type="checkbox"/> TVL <input type="checkbox"/> COLA <input type="checkbox"/> CSEAPAY <input type="checkbox"/> Other:

Description of Indebtedness. Explain in your own words and to the best of your knowledge, as clearly and concisely as you can, what happened. Include such facts as the cause of your debt and overpayment, the period involved and your understanding of the entitlements concerned. State any recollection of when, how and to whom you voiced your knowledge or suspicion of error, or any other efforts you may have made to have the error corrected. *(You may attach additional sheets if necessary.)*

Enclosure checklist: Failure to enclose any items may result in the return of the application without action.

MANDATORY FOR ALL APPLICATIONS: <input type="checkbox"/> All LES related to the time period in question <input type="checkbox"/> Letter of Indebtedness or Notice of Overpayment <input type="checkbox"/> Summary of Overpayment (Enclosure (1) from Letter of Indebtedness or Notice of Overpayment)	REQUIRED AS APPLICABLE: <input type="checkbox"/> Travel claims and Travel Voucher Summaries <input type="checkbox"/> Related email and correspondence <input type="checkbox"/> Housing Check-In Sheet <input type="checkbox"/> Financial Statement
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If my application is denied, I (check one) do do not request to have the amount of my monthly payments reduced & duration of payment period increased due to financial hardship. *(Attach completed financial statement if requesting reduced payments.)*

Privacy Act Statement

Authority: This information is collected under 14 USC 461and EO 9397.
Purpose: Used when requesting remission of indebtedness.
Routine Uses: The information will be used by and disclosed to USCG personnel who need the information to assist in activities related to considering your application for remission of a debt.
Disclosure: Furnishing this information is voluntary; however, failure to provide the information below may prevent favorable consideration of your application.

I certify that the above information is true and correct to the best of my knowledge. I understand the penalty for a false claim is a maximum fine of \$10,000 or maximum imprisonment of 5 years or both.

Signature:	Date:
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UNIT INFORMATION

Unit POC: Should be someone who will be with the unit a minimum of three months past the date that this form is submitted. Should be someone, other than the member who is familiar with the situation and the circumstances surrounding the indebtedness. May be a supervisor or senior administrator.

Name:

Title:

Phone:

SPO Contact: Provide name and phone number for senior contact at unit Servicing Personnel Office.

Name:

Phone:

COMMAND ENDORSEMENT

Please check **one**:

I recommend approval of this remission.

or

I do **NOT** recommend approval.

or

I recommend partial approval in the amount of

\$

Please check **one**: In the event the remission is denied;

I recommend reduced payment schedule based on member's specific circumstances.

or

I do **NOT** recommend reduced payment schedule.

Brief description of basis for recommendations and any additional information you believe necessary for consideration of this remission.

Name:

Signature:

Title:

Phone:

Date: