

**REQUEST FOR RECOVERY OF DEBT DUE THE UNITED STATES BY SALARY OFFSET**

**PRIVACY ACT NOTICE**

The data on this form is covered by the Privacy Act of 1974, as amended, 5 U.S.C. Section 552a.

<b>1. PAYING OFFICE IDENTIFICATION</b>		<b>2. EMPLOYEE IDENTIFICATION</b>	
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. CONTACT NAME (Last, First, Middle Initial)		c. DATE OF BIRTH (YYYYMMDD)	d. SOCIAL SECURITY NUMBER
d. E-MAIL ADDRESS		e. TELEPHONE NO. (DSN and Commercial)	

**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 inquiries concerning the debt should be sent to the address shown below.**

<b>3. DEBT INFORMATION</b>			
a. REASON FOR DEBT		b. DATE RIGHT TO COLLECT ACCRUED (YYYYMMDD)	
		c. DEBT IDENTIFICATION NUMBER, IF ANY	
d. ORIGINAL DEBT AMOUNT	\$	e. NUMBER OF INSTALLMENTS	(1) @ (2) Amount
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 (YYYYMMDD)	

<b>4. DUE PROCESS</b> (X applicable items and either enter date action taken in Column (1) or X Column (2) or (3) and attach acknowledgement or consent.)								
	(1) Date Action Taken	(2) Acknowledgement	(3) Consent		(1) Date Action Taken	(2) Acknowledgement	(3) Consent	
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; and  
 (3) The information concerning this Component's and the employee's actions is correct as stated.

<b>5. CREDITOR COMPONENT INFORMATION</b>		
a. NAME		b. ADDRESS (Street, City, State and Zip Code)
c. CONTACT NAME (Last, First, Middle Initial)	d. E-MAIL ADDRESS	e. TELEPHONE NO. (DSN and Commercial)

f. ACCOUNTING CLASSIFICATION (Line of Accounting)			
g. DOCUMENT NUMBER			
h. CERTIFYING OFFICIAL			
(1) Signature	(2) Date Signed (YYYYMMDD)	(3) Title	(4) Telephone No. (DSN and Commercial)

<b>6. DFAS ACCOUNTING OFFICE</b>			
a. OFFICE, SYMBOL, AND PROCESSOR'S NAME	b. E-MAIL ADDRESS	c. TELEPHONE NO. (DSN and Commercial)	d. DATE (YYYYMMDD)

**INSTRUCTIONS****1. PURPOSE OF THIS FORM:**

Used primarily for requesting recovery of a debt by salary offset and certifying that due process has been completed when debtor has not responded to a demand for payment, requested a hearing, or refuted the creditor component's proposed installment deductions.

**2. ROUTING AND REVIEW PROCESS:**

a. The installation or originating activity, identified in Item 5, Creditor Component Information, will complete Items 1 - 5 of DD Form 2481 and forward it to the appropriate supporting DFAS accounting office.

b. The DFAS accounting office will review the accounting data located in Item 5 of DD Form 2481 to verify that the Line of Accounting (LOA) is correct and then complete Item 6. If the LOA is not in the proper format or appears to be invalid, the accounting office will coordinate with the installation or originating activity to ensure correct accounting data.

c. The DFAS accounting office will ensure the LOA and document number is clearly readable and properly formatted for the current Defense Civilian Pay System (DCPS) accounting screens. The DFAS accounting office will record an accounts receivable (if none exist) and will transmit the original DD Form 2481 to the correct payroll office for entry into DCPS.

d. The DFAS accounting office will maintain a copy of the DD Form 2481 in accordance with the DFAS 5015.2-M, Records Disposition Schedules, to be used for subsequent matching of disbursement and accounting records.

e. The payroll office will not accept DD Form 2481 or other collection documents from any source other than a DFAS accounting office.

f. The payroll office will process all DD Form 2481s received from a DFAS accounting office upon receipt.

**3. COMPLETING THIS FORM:**

a. Items 1 - 5 will be completed by the creditor.

(1) Item 1 - Name and address of the DFAS Paying Office responsible for the processing of the salary offset. Include a contact person and e-mail address and telephone number for this individual.

(2) Item 2 - Name, address, date of birth and social security number of the individual for whom a salary offset is requested.

(3) Item 3 - Specific information and justification of debt.

(4) Item 4 - Annotate the appropriate Due Process given to the individual for whom a salary offset is requested.

(5) Item 5 - Name and address of organization initiating collection. Include contact name, e-mail address and telephone number, and accounting classification. This item must be signed by a certifying official from the agency requesting collection.

b. Item 6 - This item is completed by the DFAS accounting office. Indicate office with symbol, e-mail address and telephone number.