WaiversFirst Name Last Name Claim Number
[redacted] [redacted] W-18-0003
Amount OGC Received Date Assigned To Assigned Date
$677.31 03/07/2018 Mary O'Lone 03/07/2018
EPA Decision EPA Decision Date Amount Approved Status
RETURNED 09/07/2018 CLOSED
Appeal Comments
No 9/24/18 - Returned to CFC and closed file. Explained [redacted] was questioning validity and forwarded email exchanges I had with both IBC and [redacted]. All emails are saved below.

9/24/18 email exchange with IBC confirming (1) $677 was for 17.75 hours; (2) no change in debt amount; & (3) changing 4 hours to regular pay woudl not change debt for remaining 13.75 hours in bill.

9/24/18 email exchange w/[redacted]. Explained closing & sending back to OCFO to determine validity of debt.

9/7/18 Informed CFC that request is on hold until a determination is made as to whether the issue can be fixed with an appropriate timecard correction or whether the full debt amount in the waiver application should continue to be pursued through collection.

8/28/18 [redacted] doesn't work here anymore. Couldn't find an [redacted] who she said was her supervisor.

She alleges she requested 4 hours of Sick Leave, but then did not take it. Rather than cancel the Sick Leave request, her supervisor changed it to 4 hours of Annual Leave without her permission.. She seems to be saying she didn't take any kind of leave therefore she doesn't owe the money.

Asked CFC to find out whether anyone looked into her allegation that her timecard change was made without her permission & she never took leave. And if that is true, whether a time card correction was issued since she filed for the waiver. If no correction has been made, why not?
Type
Time and Attendance

Attachments

From: Stewart, Leonice

Sent: Wednesday, March 07, 2018 7:15 AM
To: Redden, Kenneth <Redden.Kenneth@epa.gov>
Cc: Church, Stacey <Church.Stacey@epa.gov>; Luebbering, Gregory <luebbering.gregory@epa.gov>
Subject: FW: Waiver Request - [redacted]

Good morning. The following person has requested a waiver for an in-service debt. Please see attachment for supporting documents. Please contact us if more information is needed from our office in making your decision with the waiver request.

| Name | SSN | Bill Number | Amount |
|---|---|---|---|
| [redacted] | [redacted] | 72410270605 | $677.31 |