

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the '**hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



**CCS**

# NOTIFICATION OF PAYROLL OVERPAYMENT

Nonrepresented Employees

Date of notice \_\_\_\_\_

Please sign and return this form within 20 calendar days to \_\_\_\_\_

Employee name \_\_\_\_\_ Employee SID number \_\_\_\_\_

Pay period(s) of overpayment \_\_\_\_\_

Overpayment amount \_\_\_\_\_

### STATEMENT OF FACTS OR BASIS:

### ELECTION TO APPEAL:

If you disagree with the **Statement of Facts or Basis** section above, you may request, in writing, that the agency review its findings of overpayment. You have until \_\_\_\_\_ (20 calendar days from the date of notice) to request a review. If you request a review, the Agency's Review Decision, you may appeal that decision by requesting in writing an adjudicative proceeding (RCW 49.48.210) (WAC 82-04). If no response is received at 20 days, then per RCW 49.48.200, five percent of disposable income earnings will be taken on each payroll until overpayment has been collected in full.

**If employee's employment is terminated prior to repayment being satisfied, then repayment will occur on the final paycheck.**

I request an Agency Review of the Overpayment Amount and/or Statement of Facts or basis for the following reasons.

### AUTHORIZATION FOR REPAYMENT

I agree with the STATEMENT OF FACTS section above and agree to repay the agency utilizing one of the six (6) choices below in order to satisfy my overpayment.

I agree to make my first payment of \$\_\_\_\_\_ on or before \_\_\_\_\_. If payment is not in full, I agree to pay \$\_\_\_\_\_ every \_\_\_\_\_ until paid. If I fail to make a payment by the date specified, I authorize the amount to be deducted from the next available payroll. Any remaining balance will be deducted from each subsequent payroll until the overpayment has been satisfied.

Method of payment:  Cash  Check  Credit card

- Payroll deduction I authorize the payroll department to deduct the overpayment on the next available payroll.
- Payroll deduction I authorize the payroll department to deduct the overpayment over the same number of pay periods my overpayment occurred.
- Payroll deduction I authorize the payroll department to deduct \$\_\_\_\_\_ or \_\_\_\_\_% of disposable earnings (not to be less than 5% of disposable earnings per pay period until the overpayment has been satisfied).

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

*If you have any questions or need additional information, please contact Tina Lus, 434-5286. To make payment arrangements, please return form back to Tina Lus.*

### Overpayments occurring in the current calendar year:

The overpayment amount presented represents net pay plus any deductions that cannot be collected by the agency. This means that the following deductions, as applicable, have been reflected: withholding tax, OASI and Medicare taxes, retirement, health insurance, and voluntary miscellaneous deductions. By signing this document, you are agreeing that you have not claimed and will not claim an IRS refund or credit for withholding, OASI and Medicare.

If you chose to claim an IRS refund or credit for withholding, OASI and Medicare taxes, the overpayment amount will be increased by the amount of the refund or credit.

### Overpayments occurring in prior calendar year(s):

Overpayment amounts from prior calendar year(s) include net pay plus withholding. Except for withholding tax, all other statements given above apply.