

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

Represented 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 DISPUTE:

You have until _____ (20 calendar days from the date of this notice) to choose a repayment option. If you do not choose a repayment within 20 calendar days, the agency may recoup the overpayment through payroll deductions. If no response is received by the Payroll Office at 20 days, then per RCW 49.48.200, five percent of disposable earnings will be taken on each payroll until overpayment has been collected in full. If you disagree with the **Statement of Facts** or the overpayment amount, you may file a grievance using the grievance procedures contained in your collective bargaining agreement.

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

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.