 University of Washington

**NOTIFICATION OF PAYROLL OVERPAYMENT FOR ACTIVE EMPLOYEE**

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| Date of Notice: |  | | |
| Employee Name: | Supervisory Organization: | |  |
| Employee ID Number: | Department Contact: | | |
| Overpayment Amount: $ | Contact Phone: | | |
| Pay Period(s) of Overpayment: | Contact Email: | | |
|  | | Box #: | |
| Statement of Facts: | | | |

# Please sign and return this form within 30 calendar days from the above date of notice to the departmental contact listed above.

I agree with the **Statement of Facts** section above and agree to repay the University of Washington.

**PAYROLL DEDUCTION:** I authorize the deduction of the amount(s) as shown below from my pay check(s) in order to satisfy my overpayment balance.

Deduct the **full amount** of the overpayment from my next payroll payment.

Deduct **$\_\_\_\_\_\_\_\_\_\_** from my pay checks until the overpayment is repaid in full. (**Note: This deduction must be a minimum of 10% of the overpayment gross amount but no less than $50.00**)

In the event I terminate employment prior to full repayment through payroll deduction, I understand that any unpaid balance of the debt will be deducted from my final paychecks.

This option requires prior Payroll Office approval: For employees that accrue vacation and compensatory time:

Deduct the total amount of overpaid hours from my **available** vacation and/or compensatory time balance (Note: This option can only be used towards “REG” or equivalent hours). Please note the UW Connect ticket case number where prior approval was granted: REF \_\_\_\_\_\_\_\_\_\_.

Employee Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

(Electronic signatures will not be accepted)

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

If you have questions or need additional information, please contact the departmental contact listed above.

**ELECTION TO APPEAL:**

If you disagree with the Statement of Facts section above, you may request in writing that the University of Washington review its findings of overpayment. You have **30 calendar days** (from date of Notice) to request a review. The review request must be in writing and sent to the department contact box number listed above Seattle, WA 98195. The University of Washington Review Decision will be provided to you in writing. If you are dissatisfied with the University of Washington’s Review Decision, you may appeal that decision by requesting in writing an adjudicative proceeding as described in chapter 82-04 WAC and governed by chapter 34.05 RCW, the Administrative Procedures Act.

I request a University of Washington Review of the Overpayment Amount and/or Statement of Facts for the following reason(s): (Please provide basis for review of the overpayment. University of Washington error does not represent a valid reason for appeal and will be denied.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Under state policy your account may be placed with a collection agency for recovery if:

* The University of Washington was not successful in obtaining an agreement for the recovery of an overpayment during the preliminary actions and you fail to ask for additional review of the agency's decision.
* The University of Washington has attempted to notify you that a debt is owed.
* The University of Washington has notified you that the debt may be turned over to a collection agency for collection if the debt is not paid and no request for review or administrative hearing is made by the employee.
* Thirty (30) days have elapsed since you were notified of the debt or decision, whichever is later.