 **University of Washington**

**OVERPAYMENT NOTIFICATION**

|  |  |  |
| --- | --- | --- |
| Date of Notice: |  | |
| Employee Name: | UW Department: | Box #: |
| Employee ID Number: | Department Contact: | |
| Pay Period(s) of Overpayment: | Contact Phone: | |
| Overpayment Gross Amount: $ | Contact Email: | |
| Net Amount Due (calculated by ISC-Payroll): $ | \*Amount due (net +w/h tax) if paid after the end of the year (see information below) $ | |
|  |  | |
| Statement of Facts: | | |

# Please sign and return this form with the payment within 30 calendar days.

I agree with the **Statement of Facts** section above. I am enclosing a personal check payable to the University of Washington to repay the full net amount of the overpayment based on the net calculation worksheet attached.

Payment should be sent to: University of Washington

Payroll Office

Box 359555

Seattle, WA 98195

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

(Electronic signatures will not be accepted)

Current Contact Information: Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

# If you have questions or need additional information, please use the contact information provided above.

If you are not able to repay the amount in full, installment payments can be arranged. Please contact us by e-mail at [payroll@uw.edu](mailto:payroll@uw.edu).

\*Net amounts NOT received in the Payroll Office by the end of the year will be increased by the Federal Withholding taxes list on the attached spreadsheet per IRS rules and regulations. Refer to IRS Publication 525, Taxable and Non-taxable income for further clarification. https://www.irs.gov/pub/irs-pdf/p525.pdf

**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: federal 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 federal withholding tax, OASI and Medicare taxes.

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

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

**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.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.