

## **Community Colleges of Spokane NOTIFICATION OF PAYROLL OVERPAYMENT**

Date of notice	Please sign and return this form w	ithin 20 calendar days to
Employee name		Employee SID number
Pay period(s) of over	payment	
STATEMENT OF FACTS OR BASIS:		
See <u>Administrative Procedure 2.20.01-G, Payroll Overpayment</u> , for additional information.		
REPRESENTED CLASSIFIED EMPLOYEES—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 <b>Statement of Facts or Basis</b> section above, or the overpayment amount, you may file a grievance using the grievance procedures contained in your collective bargaining agreement.		
the grevance procedures contained in your conceive bargaining agreement.		
ALL OTHER EMBLO	OYEES—ELECTION TO APPEAL:	
If you disagree with the <b>Statement of Facts or Basis</b> 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 no response is received at 20 days, per RCW 49.48.200, five percent of disposable income earnings will be taken on each payroll until the overpayment has been collected		
20 days, per RCW 49.48.200, five percent of disposable income earnings will be taken on each payroll until the overpayment has been collected in full. If you request a review, the Agency's Review Decision will be provided to you in writing. If you are dissatisfied with the Agency's Review		
Decision, you may appeal the decision by requesting, in writing, an adjudicative proceeding (RCW 49.48.210) (WAC 82-04).		
☐ I request an Agency Review of the Overpayment Amount and/or <b>Statement of Facts or Basis</b> for the following reasons.		
AUTHORIZATION FO	OR REPAYMENT	
I agree with the <b>Statement of Facts or Basis</b> section above and agree to repay the agency utilizing one of the six (6)		
	er to satisfy my overpayment.	
I agree to make my fi	rst payment of \$ on or b	efore If payment is not in full, I agree
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.		
· ·	: Cash Check Credit card	
Payroll deduction I authorize the payroll department to deduct the overpayment on the next available payroll.		
		overpayment out the next available payfoll.  In a pay periods my
	overpayment occurred.	
		or% of disposable earnings (not to
	pe less than 5% of disposable earnings per pay p	
If employee's employment is terminated prior to repayment being satisfied, then repayment will occur on the final paycheck.		
Employee signature Date		
Employee signature	<sup>†</sup>	Date
If you have any questions or need additional information, please contact Payroll, 434-5286. To make payment		
arrangements, please return form to payroll, MS 1006.		
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.

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