

# AGREEMENT FOR REPAYMENT OF COMPENSATION OVERPAYMENT

Employee Name: \_\_\_\_\_ PR#/Warrant Dist.: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I, \_\_\_\_\_, agree to repay the following compensation overpayment(s) in the manner specified below. *(Department representative must complete form and explain all items to the employee before employee signs.)*

Payroll Dates	Overpayment Amount	<i>For department's use only</i> <u>Based on repayment dates</u>
_____	\$ _____	<input type="checkbox"/> gross <input type="checkbox"/> customary "net"
_____	\$ _____	<input type="checkbox"/> gross <input type="checkbox"/> customary "net"
_____	\$ _____	<input type="checkbox"/> gross <input type="checkbox"/> customary "net"
_____	\$ _____	<input type="checkbox"/> gross <input type="checkbox"/> customary "net"
_____	\$ _____	<input type="checkbox"/> gross <input type="checkbox"/> customary "net"
<b>TOTAL</b>	<b>\$ _____</b>	

**REPAYMENT OPTIONS:**

- Payment in full, by cash or check.
- Payment (instead of by cash or check), by assignment via Form OP D60 from net pay until the overpayment is repaid in full.
- Through payroll deductions (within limits of the Hawaii garnishment law) in the amount of \$ \_\_\_\_\_ monthly until the overpayment is repaid in full. To be deducted from:

<u>Pay Date</u>	<u>Adjusted Gross Pay</u>
_____	\$ _____
_____	\$ _____

- Through a combination of accumulated vacation and/or CTO credits and/or a payroll deduction. *Attach Form 4.*

Overpayment total.	\$ _____
Vacation hours value applied.	- _____
CTO hours value applied	- _____
Overpayment Balance after credits applied.	= _____

Overpayment Balance, if any to be paid as follows:

- Payment in full (instead of cash or check), by assignment of my entire net pay until the overpayment is repaid in full.
- Through payroll deductions (within limits of Hawaii garnishment law) of \$ \_\_\_\_\_ monthly until the overpayment is repaid in full.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**Agreed to and Accepted by Department:**

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date