

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	For department's use only <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"
TOTAL	\$ _____	

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