

Prepared by the Disbursing Office  
This replaces Administrative Procedure A8.878  
dated July 1996

A8.878  
March 2006

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A8.800 Disbursing/Accounts Payable and Payroll

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p 1 of 17

A8.878 Payroll Overpayment (Employees in Bargaining Units 1, 2, 3, 4, 9, and 10)

1. Purpose

To establish policies and procedures for collecting salary or wage overpayments to employees of the University of Hawaii who are members of United Public Workers (UPW) Bargaining Units 1 and 10, and Hawaii Government Employees Association (HGEA) Bargaining Units 2, 3, 4, 9.

NOTE: These policies and procedures apply to active employees and do not apply to employees who have resigned, retired or terminated.

If the employee has terminated employment, refer to University of Hawaii, Administrative Procedure Manual A8.651 for Accounts Receivable and see section on "Follow-up for delinquent accounts".

2. Objective

To assure that overpayments are collected as expeditiously as possible. In general, employees of the State of Hawaii who are erroneously overpaid through the payroll system should voluntarily and immediately repay the full amount of the overpayment.

3. Applicability

These policies and procedures apply to all active University employees belonging to Bargaining Units 1, 2, 3, 4, 9 and 10 who have incurred a salary or wage overpayment.

4. Background

Under the provisions contained in the UPW Collective Bargaining Agreement (CBA) for Bargaining Units 1 and 10, and the HGEA "Memorandum of Agreement" for Bargaining Units 2, 3, 4 and 9; the procedures:

- Permit simultaneous notification of the overpayment determination to both the Union and employee.
- Permit voluntary agreement to repay the overpayment at any time (before notice of the overpayment determination is sent or without waiting for the Union response). The Union still has the right to dispute the overpayment within 30 calendar days from the date of the notice of the overpayment. If there is a dispute, any amounts already repaid will be adjusted as necessary when the dispute is resolved.
- Provide the Union the opportunity to review a compensation overpayment determination to ensure that it is correctly calculated and not due to an Employer violation, misinterpretation, or misapplication of the CBA.
- Provide that the grievance procedure is to be used for resolving disputes on the overpayment determination if it involves an alleged violation of the CBA.
- Provide the employee additional options to repay the overpayment, i.e., applying the value of available compensatory time off and vacation credits.

5. Overpayment Procedures

a. Notify the Union of the compensation overpayment immediately.

1) The UH Payroll Office will initiate Form 1, Union Notification of Compensation Overpayment (Exhibit A) by completing Part II and forward to department.

2) Department completes Form 1.

- "Date of Notice" is the date the notice is actually sent to the Union.
- Complete Parts I and III.

- Include the name, department, address, phone and fax numbers of the Departmental Representative (DR) to whom the Union should respond or to contact for more information.
- Keep a copy for departmental records and send Form 1 and Form 3 to the applicable union:

UPW State Director  
Re: Compensation Overpayment  
United Public Workers  
1426 S. School St.  
Honolulu, Hawaii 96817

HGEA Deputy Director  
Re: Compensation Overpayment  
Hawaii Government Employees Association  
888 Mililani St., Suite 601  
Honolulu, Hawaii 96813

b. Notify the employee of the overpayment at the same time notice is sent to the Union.

1) Department completes Form 2, Employee Notification of Compensation Overpayment and Repayment Options (Exhibit B).

- "Date of Notice" is the date the notice is actually given or sent to the employee.
- Deliver notice to the employee by the most expeditious means, hand delivery or mail, and keep a copy. On your copy, indicate how it was delivered and have it initialed by the employee if hand-delivered or by the sender if mailed.

c. Employee responds to the overpayment notice no later than 30 calendar days from date of notice.

1) An employee who disputes the amount of overpayment, in whole or in part, should be advised to contact the Union immediately. The total overpayment amount will be recovered unless the Union notifies the Employer that it contests the overpayment determination. The Employer will only seek recovery of the undisputed

- amount and will withhold recovery of any disputed amount until after the dispute is resolved. If repayment was made before notification of a dispute was received, appropriate adjustments will be made when the dispute is resolved.
- 2) Employee should contact the DR to work out details on a repayment option, as soon as possible.
  - 3) If an employee refuses the repayment options available, the employee should indicate his/her refusal on Form 2 and return to the department as soon as possible, by mail or fax.
- d. Employee voluntarily agrees on a repayment option within 30 calendar days of the date of notice. If applicable, department will notify the Payroll Office to prepare "Overpayment Worksheet" (Exhibit C).
- 1) Employee repays the net amount of the overpayment and completes Form 3, Agreement for Repayment of a Compensation Overpayment (Exhibit D).
    - Department retains the original Form 3 for their records, faxes a copy to the Payroll Office and provides a copy to the employee.
  - 2) Employee elects to have the gross salary overpayment deducted from their next payroll payment.
    - Department retains the original Form 3 for their records, faxes a copy to the Payroll Office and provides a copy to the employee.
  - 3) Employee elects to apply available vacation or compensatory time off (CTO) credits as a repayment option. Department completes Form 4, Agreement to Apply Vacation and/or Compensatory Time off Credits to Repay a Compensation Overpayment (Exhibit E).
    - Retain original for your records, provide a copy to the employee and attach a copy to the employee's repayment agreement.

- e. Union to respond within 30 calendar days from date of notice.
  - 1) Union completes Form 1, Part IV.
  - 2) If the overpayment determination is disputed, Union circles the specific dates and/or amounts in dispute.
  - 3) Union returns notice to DR by mail or fax, as soon as possible, within 30 calendar days of date of notice. The overpayment determination is considered as not being in dispute if the Union does not respond within 30 calendar days of notice.
  - 4) Do not seek recovery of any disputed amounts when notice of dispute is received, but you should proceed with recovery of any undisputed portion. If the disputed amount was already recovered, make appropriate adjustments after the dispute is resolved.
  
- f. Resolve the dispute on the overpayment determination through the contractual grievance procedure. This step is not applicable to any undisputed portion of the overpayment or if the Union does not respond within 30 calendar days of the overpayment notice.
  - 1) For disputed dates/amounts, in whole or in part, call the Union Agent to arrange a meeting as soon as possible to resolve the dispute.
  - 2) Fully utilize the informal step of the grievance procedure to resolve the dispute as expeditiously as possible. Ensure all appropriate staff is involved in the explanation and/or discussions to minimize the need for the Union to file a formal grievance.
  - 3) Make all necessary adjustments consistent with the resolution of the dispute. If there was a violation, misinterpretation, or misapplication of the CBA as alleged, you may need to adjust leave records, recalculate leave earnings if the employee's unpaid status must be changed to paid status, and return previously repaid amounts.

g. If employee refuses the available options or has not voluntarily agreed on a repayment plan for undisputed amounts within 30 calendar days of the date of notice, initiate Department of Accounting and General Services (DAGS) administrative process under HRS 78-12.

h. Initiating Overpayment Recovery

The employee has the following options:

- 1) Payment in full, by cash or check;  
or
- 2) Deduct the total gross salary overpayment from his/her next payroll payment;  
or
- 3) Negotiate with the employing department on a set dollar amount to be deducted per pay period. The minimum and maximum deduction amounts in negotiating a repayment plan depend on the amount of the indebtedness.
  - a) If the indebtedness is less than or equal to \$1,000, the employee and employing department can negotiate a set dollar amount to be deducted per pay period until the indebtedness is repaid in full. It is recommended that the minimum set amount be not less than \$50 per pay period. The employee's circumstances may be considered in determining the amount to be deducted. If a mutually satisfactory repayment amount cannot be reached, the law, as amended, allows the employing department to deduct any amount up to the total amount of indebtedness in the next pay period with any remaining balance deducted in subsequent pay periods.
  - b) If the indebtedness is greater than \$1,000, the employee and employing department can negotiate a set dollar amount to be deducted per pay period until the indebtedness is repaid in full. As established by law, \$100 per pay period is the minimum amount to be deducted. The

employee's circumstances may be considered in determining the amount to be deducted. If a

mutually satisfactory repayment amount cannot be reached, the law allows the employing department to deduct one-quarter of the salary, wages or compensation due to the employee per pay period until the indebtedness is repaid in full.

or

- 4) Through a combination of accumulated vacation leave credits and/or compensatory time credits and/or a payroll deduction.

## 6. Processing of Recovered Overpayments

### 1) Full Payment by Cash or Check

- a) If the employee pays the full amount by cash or check (payable to the University of Hawaii) deposit the payment to the departmental ARS salary overpayment account.
- b) The department will prepare and submit the following documents to the Disbursing, Accounts Payable Section.

**FMIS-2, Authorization for Payment Form.** The payee is Director of Finance, State of Hawaii, the vendor code is V0000343640, and change the Type code from "0" to "9" so a separate check is produced for each overpayment case. **Attach a copy of the overpayment worksheet.**

**FMIS-37, Special Check Distribution Request.** Enter "X" in the Enclosure and Special Handle boxes. Under Special Handle, Contact: UH Payroll Office. **Attach a copy of the overpayment worksheet.**

NOTE: Refer to **APM A8.861** and **A8.839** for procedures on completion of FMIS-2 and FMIS-37 respectively.

- 2) Deductions through Salary Assignment/Cancellation, SAFORM D-60

- a) The payroll deductions are initiated through the SAFORM D-60. This process triggers the State Payroll System at the Department of Accounting and General Services (DAGS) to generate checks payable to the University of Hawaii. The checks are forwarded from DAGS to the University of Hawaii Payroll Office for deposit into the specific department's Accounts Receivable System (ARS) accounts. Payroll deductions are accumulated in the ARS accounts until the full amount of the salary overpayment is recovered.
- b) For salary overpayments that occurred in prior calendar years, all outstanding overpayments must be paid in full before the department can submit an AFP. (NOTE: If repayment is not for the current calendar year, contact the Payroll Office before proceeding.)

**FMIS-2, Authorization for Payment Form.** The payee is Director of Finance, State of Hawaii, the vendor code is V0000343640, and change the Type code from "0" to "9" so a separate check is produced for each overpayment case. **Attach a copy of the overpayment worksheet.**

**FMIS-37, Special Check Distribution Request.** Enter "X" in the Enclosure and Special Handle boxes. Under Special Handle, Contact: UH Payroll Office. **Attach a copy of the overpayment worksheet.**

NOTE: Refer to APM A8.861 and A8.839 for procedures on completion of FMIS-2 and FMIS-37 respectively.

- 3) The UH Payroll Office will process the necessary documents to DAGS to adjust the proper accounts and the employee's records.

## 7. Responsibilities

Fiscal Officers and Program Managers are responsible to expeditiously collect salary and wage overpayments.

8. Availability of Forms

The following PDF fillable forms are available on-line at  
[www.fmo.hawaii.edu/payroll](http://www.fmo.hawaii.edu/payroll)

- Exhibit A Union Notification of Compensation Overpayment
- Exhibit B Employee Notification of Compensation Overpayment and Repayment Options
- Exhibit C Payroll Overpayment Worksheet
- Exhibit D Agreement for Repayment of Compensation Overpayment
- Exhibit E Agreement to Apply Vacation and/or Compensatory Time Off Credits to Repay Compensation Overpayment
- Exhibit F Salary Assignment/Cancellation, SAF D-60
- FMIS-2 Authorization for Payment Form
- FMIS-37 Special Check Distribution Request

# UNION NOTIFICATION OF COMPENSATION OVERPAYMENT

Date of Notice \_\_\_\_\_  Employee has voluntarily agreed on a repayment plan. Form 3 is attached.

TO: Union Official, Union: \_\_\_\_\_

FROM: Dept. Rep./Dept.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## I. Employee Information

Name: \_\_\_\_\_ Position No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Work Location: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## II. Overpayment Information

Salary/Wage Range: \_\_\_\_\_ Salary/Wage Rate: \_\_\_\_\_ Monthly Salary/Wage Rate: \_\_\_\_\_ Hourly  
(include all differentials used to calculate monthly salary)

Dates of Overpayment and reason(s) for overpayment:


Payroll Certification and Overpayment Calculation:

Payroll Dates	Gross Amount Paid*	Correct Gross Amount*	Overpayment Amount*
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

\*Gross to be used if overpayment and repayment occur in different calendar years. Gross to be adjusted in the customary manner to "net" if overpayment and repayment occur in same calendar year. (Follow DAGS instructions and worksheet.)

**Certification** I certify that the above payroll information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
 Department Representative Title Date

## III. Supporting Documents

The following documentation that has been used to determine the compensation overpayment is enclosed.

- UH Form 1, Application for Leave of Absence Form       PNF, Payroll Notification Form  
 Form 7, Leave Record       Other \_\_\_\_\_

## IV. Union

- Overpayment is not disputed. The department will seek recovery of the full amount.  
 Overpayment is disputed. The dates/amounts in dispute are circled. Please contact me for a meeting.  
The department will seek recovery of the full amount unless it is notified of a dispute. Upon receipt of notice of a dispute, it will withhold recovery of the disputed amount. If the disputed amount was repaid, necessary adjustments will be made when the dispute is resolved.

Union Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name



# 2006 PAYROLL OVERPAYMENT WORKSHEET

REF. NO.: SA -----

DATE: 03-03-06

AMENDED

HMSJL: #N/A

NAME \_\_\_\_\_  
 SS NO. \_\_\_\_\_  
 PAYROLL # \_\_\_\_\_  
 WD CODE \_\_\_\_\_  
 FUND \_\_\_\_\_

RET \_\_\_\_\_  
 FICA \_\_\_\_\_  
 MAR ST \_\_\_\_\_  
 FED EX \_\_\_\_\_  
 STATE EX \_\_\_\_\_

BU \_\_\_\_\_  
 FO # \_\_\_\_\_

DATE PAID	SHOULD BE				PAID				TOTAL	DIFFERENCE	RECOVER:	OVERPYMT
	00-00-00	00-00-00	00-00-00	00-00-00	PP	PP	PP	PP				
SALARY	0.00	0.00	0.00	0.00					0.00	0.00		0.00
WORKERS' COMP									0.00	0.00		0.00
TOTAL GROSS PAY	0.00	0.00	0.00	0.00					0.00	0.00		0.00
SOCIAL SECURITY	0.00	0.00	0.00	0.00					0.00	0.00		0.00
MEDICARE	0.00	0.00	0.00	0.00					0.00	0.00		0.00
FEDERAL TAX	0.00	0.00	0.00	0.00					0.00	0.00		0.00
STATE TAX	0.00	0.00	0.00	0.00					0.00	0.00		0.00
RETIREMENT	0.00	0.00	0.00	0.00					0.00	0.00		0.00
W/C RETIREMENT	0.00	0.00	0.00	0.00					0.00	0.00		0.00
ANNUITY	0.00	0.00	0.00	0.00					0.00	0.00		0.00
DEFERRED COMP	0.00	0.00	0.00	0.00					0.00	0.00		0.00
PTS DEFERRED COMP	0.00	0.00	0.00	0.00					0.00	0.00		0.00
MEDICAL									0.00	0.00		0.00
VISION									0.00	0.00		0.00
ADULT DENTAL									0.00	0.00		0.00
FLEX MEDICAL (FM)									0.00	0.00		0.00
FLEX DEPENDENT (FD)									0.00	0.00		0.00
FLEX ADMIN FEE (FA)									0.00	0.00		0.00
PRE-TAX PARKING (TB)									0.00	0.00		0.00
SERVICE FEE									0.00	0.00		0.00
CREDIT UNION									0.00	0.00		0.00
EMPLOYEE ORG									0.00	0.00		0.00
PARKING									0.00	0.00		0.00
IMV									0.00	0.00		0.00
SAVINGS BOND									0.00	0.00		0.00
OTHER									0.00	0.00		0.00
OTHER									0.00	0.00		0.00
TOTAL DEDUCTIONS	0.00	0.00	0.00	0.00					0.00	0.00		0.00
NET PAY	0.00	0.00	0.00	0.00					0.00	0.00		0.00

REASON: \_\_\_\_\_ END: FALSE REMARKS: \_\_\_\_\_

EMPL BUS EXP												0.00
WAGES-IN-KIND												0.00

**PLEASE MAKE CHECK PAYABLE TO: UNIVERSITY OF HAWAII**

FOR DEPARTMENTAL OFFICE USE ONLY:

- 1) INFORM YOUR FISCAL OFFICE TO FINALIZE OVERPAYMENT IN THE ACCOUNTS RECEIVABLE SYSTEM (ARS)
- 2) UPON RECEIPT OF CHECK FROM EMPLOYEE, FORWARD CHECK TO YOUR FISCAL OFFICE FOR DEPOSIT INTO DEPT'S ARS SALARY OVERPAYMENT ACCOUNT

## 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



**READ INSTRUCTIONS ON REVERSE SIDE CAREFULLY**

**FILL OUT FORM WITH REQUIRED INFORMATION COMPLETELY**

**(USE TYPEWRITER, OR PRINT WITH BALL POINT PEN WITH HEAVY IMPRESSION)**

**STATE OF HAWAII SALARY ASSIGNMENT/CANCELLATION**

DEPARTMENT <b>UNIVERSITY OF HAWAII</b>				SUB-DIVISION OR SCHOOL <b>ARTS &amp; HUMANITIES</b>							
FORM NO.	SOCIAL SECURITY NO.		LAST NAME, FIRST NAME, MIDDLE INITIAL		TYPE	AGENT	PLAN	I.D. NO.	DEPT.		
	111	22	3333	DOE, JOHN	OP	023			F		
THE UNDERSIGNED HEREBY: <input checked="" type="checkbox"/> <b>ASSIGNS</b> OUT OF ANY COMPENSATION FROM THE STATE OF HAWAII					OR <input type="checkbox"/> <b>CANCELS</b>			<b>FOR AGENCY USE</b>			
(CHECK ONE BOX ONLY, IF "ASSIGNS")					<ul style="list-style-type: none"> <li>EFFECTIVE WITH THE PAYROLL PERIOD THAT INCLUDES..... <u>03</u> / <u>01</u> / <u>06</u> MONTH DAY YEAR</li> <li>WITH ENDING DEDUCTIONS FOR THE PAYROLL PERIOD PRIOR TO... _____ / _____ / _____ MONTH DAY YEAR</li> <li>WHEN MY COMMITMENT OF \$ <u>1,000.00</u> IS PAID OR UPON RECEIPT OF MY ASSIGNMENT CANCELLATION.</li> </ul>			DEDUCTION		AMOUNT	
<input checked="" type="checkbox"/> \$ <u>50.00</u> THE FIRST MONTH AND \$ _____ EACH MONTH THEREAFTER								DUES			
<input type="checkbox"/> PERCENT EACH MONTH _____ %								LIFE INS.			
<input type="checkbox"/> MY NET WAGES								INC. PROT.			
<input type="checkbox"/> CR. UNION											
I CERTIFY THAT I WILL ABIDE BY THE REGULATION SET FORTH ON THE REVERSE SIDE OF THIS APPLICATION					TYPE AGENT'S NAME, BRANCH, ADDRESS AND ZIP CODE HERE <b>UNIVERSITY OF HAWAII</b> <b>ARTS &amp; HUMANITIES</b>						
02-28-06		<i>John Doe</i> *			02-28-06		<i>John Smith</i>				
DATE		EMPLOYEE OR AUTHORIZED SIGNATURE			DATE		AUTHORIZED SIGNATURE OF ASSIGNEE				
					<b>TOTAL</b>						

STATE COMPTROLLER (CENTRAL PAYROLL)

STATE ACCOUNTING FORM D-60  
JANUARY 1, 2000 (REVISED)

\* If the employee does not respond to the "Bill and Notice of Salary Overpayment" or does not agree to an amount to be deducted, "Administrative Assignment" should be typed on the "Employee or Authorized Signature" line and should be approved by the department head or his designee.

## UNIVERSITY OF HAWAII AUTHORIZATION FOR PAYMENT FORM

DOCUMENT NUMBER
<b>A</b> _____

PAYEE'S NAME (Last Name, First Name, Middle Initial) Director of Finance, State of Hawaii	UH ID#
PERMANENT ADDRESS: <u>c/o UH Payroll Office</u>  CITY: <u>Honolulu</u> STATE: <u>HI</u> ZIP CODE: <u>96822</u>	IF PAYMENT IS TO AN INDIVIDUAL, CHECK ONE OF THE FOLLOWING:  <input type="checkbox"/> Regular Employee  <input type="checkbox"/> Non-regular Employee (SCOPIS)  <input type="checkbox"/> Non-Employee
DEPARTMENT	

VOUCHER NO.	VENDOR CODE	ACCOUNT CODE	SUBCODE	TYPE	P/F/N	AMOUNT
	V0000343640		2531	9 ↓	N	
					<b>TOTAL</b>	

DESCRIPTION OF GOODS/SERVICES AND REASONS FOR PAYMENT: (include pertinent information such as nature of payment, period covered, compensation, receipts/invoice numbers, etc.)

Salary overpayment from (name of employee) per invoice SA.

**As contractually authorized, all the materials, supplies and services have been received in good order and condition.**

	/ /		/ /		
AUTHORIZED SIGNATURE OF		DATE		DEPARTMENT/UNIT	TELEPHONE

APPROVED BY: \_\_\_\_\_ / /  
APPROVING AUTHORITY DATE

\_\_\_\_\_ / /  
FISCAL OFFICER DATE F.O. CODE

**CENTRAL OFFICE USE ONLY**

SPECIAL CENTRAL OFFICE APPROVAL \_\_\_\_\_ / /  
APPROVING AUTHORITY DATE

UNIVERSITY OF HAWAII  
SPECIAL CHECK DISTRIBUTION REQUEST

DATE: 07 / 07 / 06  
(MM/DD/YY)

DOCUMENT NUMBER  
\_\_\_\_\_

VENDOR NAME  
**DIRECTOR OF FINANCE**

AMOUNT  
\$



**E**nclosure

(NOTE: Staple FMIS-37 in front of copy of enclosure(s). Staple the PO, invoices, etc. together. Then staple the FMIS-37 & enclosure set in front of the PO, invoice, etc. set.)



**S**pecial Handle

Contact: UH PAYROLL OFFICE

Phone: 956-7444

(NOTES: 1. Special Handle checks will be held in the department's daily pick-up envelope at Clerical Section window. 2. Staple FMIS-37 in front of PO, invoice, etc.)

DEPARTMENT: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

Fiscal Office Staff

Date

FO Code

# UNION NOTIFICATION OF COMPENSATION OVERPAYMENT

Date of Notice \_\_\_\_\_

Employee has voluntarily agreed on a repayment plan. Form 3 is attached.

TO: Union Official, Union: \_\_\_\_\_

FROM: Dept. Rep./Dept.: \_\_\_\_\_

Address: \_\_\_\_\_

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

Fax: \_\_\_\_\_

## I. Employee Information

Name: \_\_\_\_\_ Position No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Work Location: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## II. Overpayment Information

Salary/Wage Range: \_\_\_\_\_ Salary/Wage Rate: \_\_\_\_\_ Monthly Salary/Wage Rate: \_\_\_\_\_ Hourly  
(include all differentials used to calculate monthly salary)

Dates of Overpayment and reason(s) for overpayment:


Payroll Certification and Overpayment Calculation:

Payroll Dates	Gross Amount Paid*	Correct Gross Amount*	Overpayment Amount*
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Total</b>	\$	\$	\$

\*Gross to be used if overpayment and repayment occur in different calendar years. Gross to be adjusted in the customary manner to "net" if overpayment and repayment occur in same calendar year. (Follow DAGS instructions and worksheet.)

**Certification** I certify that the above payroll information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Department Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## III. Supporting Documents

The following documentation that has been used to determine the compensation overpayment is enclosed.

- UH Form 1, Application for Leave of Absence Form       PNF, Payroll Notification Form  
 Form 7, Leave Record       Other \_\_\_\_\_

## IV. Union

Overpayment is not disputed. The department will seek recovery of the full amount.

Overpayment is disputed. The dates/amounts in dispute are circled. Please contact me for a meeting.

The department will seek recovery of the full amount unless it is notified of a dispute. Upon receipt of notice of a dispute, it will withhold recovery of the disputed amount. If the disputed amount was repaid, necessary adjustments will be made when the dispute is resolved.

Union Agent: \_\_\_\_\_  
Print Name

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

Date: \_\_\_\_\_

# EMPLOYEE NOTIFICATION OF COMPENSATION OVERPAYMENT AND REPAYMENT OPTIONS

\_\_\_\_\_  
DATE OF NOTICE

Hand delivered: \_\_\_\_\_ Employee Initials  
 Mail delivery: \_\_\_\_\_ Sender Initials

Employee Name: \_\_\_\_\_ UH ID No. \_\_\_\_\_

PR/WD: \_\_\_\_\_

**OVERPAYMENT:** Your Union is being notified that you have been overpaid in the amount of \$\_\_\_\_\_. (See attached copy of Union Notification.) If you dispute the amount, in whole or in part, you should advise your Union to inform us immediately.

- ❖ Your BU agreement provides repayment options. If you want one of the repayment options, you must agree on one within 30 days from the date of this notice.
- ❖ You also have the right to refuse the repayment options under the BU agreement.

*If you do not agree on a repayment option within 30 days of the date of this notice or if you refuse the repayment options, your department will seek recovery of any overpayment amount that was not disputed by the Union under HRS §78-12.*

## REPAYMENT OPTIONS:

- ◆ Payment in full, by cash or check.
- ◆ Payment in full (instead of by cash or check), by assignment from net pay until the overpayment is repaid in full.
- ◆ Through payroll deductions (within limits of the Hawaii garnishment law).
- ◆ Through a combination of accumulated vacation leave credits and/or compensatory time credits and/or a payroll deduction.

**IF YOU WANT ONE OF THE REPAYMENT OPTIONS:** You must agree within 30 days from the date of this notice on a repayment option. Immediately contact your department representative below to work out the details.

**DEPARTMENT REPRESENTATIVE:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**IF YOU DO NOT WANT ANY OF THE REPAYMENT OPTIONS:** Your department will seek recovery of the overpayment under HRS §78-12 procedures.

Check this box; sign/date. \_\_\_\_\_  
Employee Signature Date

and return form immediately by mail to: \_\_\_\_\_

or by FAX to: \_\_\_\_\_

# 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



## UNIVERSITY OF HAWAII AUTHORIZATION FOR PAYMENT FORM

DOCUMENT NUMBER
<b>A</b> _____

PAYEE'S NAME (Last Name, First Name, Middle Initial)	UH ID#
PERMANENT ADDRESS: _____  CITY: _____ STATE: _____ ZIP CODE: _____	IF PAYMENT IS TO AN INDIVIDUAL, CHECK ONE OF THE FOLLOWING:  <input type="checkbox"/> Regular Employee  <input type="checkbox"/> Non-regular Employee (SCOPIS)  <input type="checkbox"/> Non-Employee
DEPARTMENT	

VOUCHER NO.	VENDOR CODE	ACCOUNT CODE	SUBCODE	TYPE	P/F/N	AMOUNT
				0 ↓		
					<b>TOTAL</b>	

DESCRIPTION OF GOODS/SERVICES AND REASONS FOR PAYMENT: (include pertinent information such as nature of payment, period covered, compensation, receipts/invoice numbers, etc.)

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**As contractually authorized, all the materials, supplies and services have been received in good order and condition.**

\_\_\_\_\_ / / \_\_\_\_\_ DEPARTMENT/UNIT \_\_\_\_\_ TELEPHONE

AUTHORIZED SIGNATURE OF                      DATE

APPROVED BY: \_\_\_\_\_ / / \_\_\_\_\_  
APPROVING AUTHORITY DATE

\_\_\_\_\_ / / \_\_\_\_\_  
FISCAL OFFICER DATE F.O. CODE

**CENTRAL OFFICE USE ONLY**

SPECIAL CENTRAL OFFICE APPROVAL \_\_\_\_\_ / / \_\_\_\_\_  
APPROVING AUTHORITY DATE

CAMPUS: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YY)

**UNIVERSITY OF HAWAII**  
**SPECIAL CHECK DISTRIBUTION REQUEST**

DOCUMENT NUMBER <b>A</b> _____
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		VENDOR NAME	
<input type="checkbox"/>	<b>E</b>		AMOUNT \$
	NCLOSURE		
(NOTE: Staple FMIS -37 in front of copy of enclosure(s). Staple the PO, invoices, etc. together. Then staple the FMIS-37 & enclosure set in front of the PO, invoice, etc. set.)			
<input type="checkbox"/>	<b>S</b>		
	pecial Handle		
Contact: _____			
Phone: _____			
(Notes: 1. Special Handle checks will be held in the department's daily pick-up envelope at Clerical Section window. 2. Staple FMIS-37 in front of PO, Invoice, etc.)			
DEPARTMENT: _____			
APPROVED BY: _____		_____	_____
		Fiscal Office Staff	Date FO Code