

Prepared by the Disbursing Office
This replaces Administrative Procedures A8.877
and A8.878 dated March 2006

A8.877
November 2006

A8.800 Disbursing/Accounts Payable and Payroll

p 1 of 22

A8.877 Payroll Overpayment

1. Reference: [Governor's Executive Memorandum 06-03](#), dated September 14, 2006.

2. Purpose

To establish policies and procedures for collecting salary or wage overpayments to employees of the University of Hawaii who have incurred a salary or wage overpayment.

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".

3. 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.

4. Background

The [Governor's Executive Memorandum 06-03](#) supercedes the policies and procedures issued in executive Memo No. 96-16 dated October 1, 1996 and the Department of Human Resources Development's memorandum entitled, "Implementation of Compensation Overpayment Provisions Applicable to BU 01, 02,

03, 04, 09, 10 and 13 Employee" dated October 18, 1999 to incorporate the addition of Section 78-12 (f), (g), and (h), Hawai'i Revised Statutes (HRS).

HRS Section 78-12 (f) requires that overpayment recovery begin immediately even if a contested determination of indebtedness is pending and allows the use of appropriate leave or compensatory time credits to be used to offset any indebtedness. HRS Section 78-12 (g) requires the payment of interest at the rate specified in Section 103-10, HRS, in cases where the determination of indebtedness was contested and is subsequently found to be incorrect. HRS 78-12 (h) specifies that an employee must contest the determination of indebtedness through the grievance process if the applicable collective bargaining agreement includes salary overpayment provisions and that such collective bargaining agreement may not include any provision inconsistent with subsections (f) and (g).

Under subsection 78-12 (f), HRS, the disbursing officer must commence immediate recovery of the indebtedness regardless of whether the employee has filed a grievance or request for a hearing to contest the indebtedness.

Under subsection 78-12 (g), HRS, if the determination of indebtedness is contested and the indebtedness was found to be incorrect, any monies paid or deducted under subsection (e) in excess of the correct amount will be refunded with interest at the rate required under Section 103-10, HRS.

Under subsection 78-12 (h), HRS, if an employee is entitled to contest the determination of indebtedness under a collective bargaining grievance procedure, that procedure shall be used in lieu of a hearing under subsection 78-12 (e), HRS. Overpayment recovery procedures contained in a collective bargaining agreement may not be inconsistent with the procedures contained in subsections 78-12 (f) and (g), HRS.

5. Guidelines

a. The disbursing officer must begin immediate recovery of indebtedness. Amount to be recovered from "any subsequent

periodic payment normally due the employee" is determined by the amount of the indebtedness.

- 1) If the indebtedness is less than or equal to \$1,000, the minimum amount to be initially deducted is \$25 per pay period. The employer and employee may subsequently agree to a greater deduction amount per pay period.
 - 2) If the indebtedness is greater than \$1,000, the minimum amount to be initially deducted is \$100 per pay period. The maximum amount to be deducted is one-quarter of the salary, wages, or compensation due the employee per pay period. The employer and employee may subsequently agree to an amount greater than \$100 but no greater than one-quarter of the employee's salary, wages, and/or compensation per pay period.
- b. The employing department must provide written notification to the employee of the indebtedness due the State and, if applicable, a copy of the notification should be sent to the appropriate union (Units 01, 02, 03, 04, 09, 10 and 13).

The employee and appointing authority may then agree to offset any remaining amount of indebtedness by applying the current value of appropriate leave or compensatory time credits posted in the employee's respective accounts as balances that would otherwise be payable in cash upon separation from service.

- c. If the employee has responded to the "Letter of Notification" by requesting a hearing, a hearing must be scheduled. The purpose of the hearing is to determine whether there has been an overpayment and to determine the amount of overpayment. After the overpayment amount is determined by the hearing, the employee can propose a set dollar amount to be deducted per pay period to repay the debt. The employing department may accept or reject the proposal and attempt to negotiate a set amount. If no agreement can be reached, the amount deducted, in the case of indebtedness equal to or greater than \$1,000, is one-quarter of the salary, wages or compensation due to the employee.

6. Procedures

a. Initiating Immediate Overpayment Recovery

- 1) If the overpayment (OP) is less than or equal to \$1,000 and
 - (a) the OP is for the current calendar year and can be recovered in full by the last pay day of the calendar year, the department, upon agreement with the employee, may deduct any amount up to the total amount of the indebtedness on the next regular/fringe Payroll Change Schedule, SAF D-94, with any remaining amounts to be deducted on subsequent SAF D-94s. The minimum amount to be initially deducted is \$25 per pay period.
 - (b) the OP is for the current calendar year and cannot be recovered in full by the last pay day of the calendar year or the OP is for the prior calendar year, the department is to submit a Salary Assignment/Cancellation, [SAF D-60 \(Exhibit E\)](#) with Assignment Type Code = "OP" (Salary Overpayment Recovery) to initiate the periodic payroll deductions. The process triggers the Payroll System to generate checks payable to the department. The checks are forwarded to the departments for deposit into a Trust Account. Departments are to accumulate all of the periodic deductions until the full amount of the overpayment is recovered. The minimum amount to be deducted is \$25 per pay period.
- 2) If the OP is greater than \$1,000, the department is to submit a [SAF D-60 \(Exhibit F\)](#) with Assignment Type Code = "OP" (Salary Overpayment Recovery) to deduct the amount agreed upon by the employer and employee until the OP is repaid in full. The minimum amount to be initially deducted is established by law at \$100 per pay period. (See a. 1) (b) for explanation of deduction process.)

b. Notification of Salary or Wage Overpayment

The following documents should be given to the employee in person. If the documents cannot be given in person, the documents should be mailed to the employee's residence by certified mail. The employee's union should be provided with copies of [Exhibit A-1](#) or [A-2](#), [Exhibit B](#), [Exhibit C](#), and a copy of the [Form D-60](#).

[Exhibit A-1](#) "Letter of Notification" which informs the employee of the overpayment which is **less than or equal to \$1,000** and the employee's right to request a hearing under Chapter 91, HRS, or to file a grievance. The minimum amount to be deducted is \$25 per pay day unless a higher amount is subsequently negotiated with the employee.

or

[Exhibit A-2](#) "Letter of Notification" which informs the employee of the overpayment which is **greater than \$1,000** and the employee's right to request a hearing under Chapter 91, HRS, or to file a grievance. The minimum amount to be deducted is \$100 per pay day unless a higher amount is subsequently negotiated with the employee.

[Exhibit B](#) "Overpayment Worksheet" which shows the details of the overpayment.

[Exhibit C](#) "Response to Salary or Wage Overpayment Notice" which allows the employee to request a hearing or provide notice that the employee will file a grievance. This notice also allows the employee to request that vacation or compensatory time credits be used to offset the overpayment. The department should complete the "TO", "FROM", and "SUBJECT", and amount of the overpayment for the employee.

[Copy of Form D-60](#)

If these documents are mailed to the employee, they should be sent Certified Mail. The responsible departmental personnel should fill out the "Notification" (Exhibit D) to identify the method the documents were delivered to the employee, time of the delivery, and the calculation of the fifteen (15) day notice period.

The start of the fifteen (15) calendar days in which the employee must respond to the "Notification of Salary or Wage Overpayment" begins with the next day after the date the employee:

- Was handed the above documents in person; or
- Received delivery of the documents by mail as shown on the Certificate of Delivery

Do not count the day of delivery as the first day of the fifteen (15) day notice period. The end of the fifteen (15) day notice period will be the close of business on the fifteenth (15th) calendar day. If, however, the fifteenth (15th) calendar day falls on a state holiday or a weekend, the end of the fifteenth (15th) day notice will be the close of business on the next working day.

c. Response to Salary or Wage Overpayment Notice

- 1) If the department does not receive the "Response to Salary or Wage Overpayment Notice" from the employee after the end of the 15 calendar day notice period, the department shall continue to withhold the amount currently being withheld from the employee's salary, wages, or compensation due to the employee until the indebtedness is repaid in full.
- 2) If the department receives the "Response to Salary or Wage Overpayment Notice" prior to the end of the 15 calendar day notice period and the employee requests a hearing, a hearing must be scheduled (Exhibit H). The employee and department should be given notice of the hearing in writing, pursuant to Chapter 91 of the HRS. The amount currently being withheld from the employee's salary, wages, or compensation shall continue to be withheld until the decision of the hearing is rendered. If it is determined that an overpayment amount is still

owed, the employer and employee shall then agree to an amount to be deducted per pay period but not less than the minimum established. If an agreement cannot be reached, the amount deducted, in the case of indebtedness equal to or greater than \$1,000, is one-quarter of the salary, wages, or compensation due to the employee.

- 3) If the department receives the "Response to Salary or Wage Overpayment Notice" prior to the end of the 15 calendar day notice period and the employee indicates he/she will file a grievance, inform the employee that the amount currently being withheld from the employee's salary, wages, or compensation shall continue to be withheld until the grievance decision is rendered. If it is determined that an overpayment amount is still owed, the employer and employee shall then agree to an amount to be deducted per pay period but not less than the minimum established. If an agreement cannot be reached, the amount deducted, in the case of indebtedness equal to or greater than \$1,000, is one-quarter of the salary, wages, or compensation due to the employee.
- 4) If the department receives the "Response to Salary or Wage Overpayment Notice" prior to the end of the 15 calendar day notice period and the employee requests a change in the method of reimbursement or a change in the amount being withheld, the department may:
 - a) Accept immediate and full repayment of the OP balance by cash or check payable to University of Hawai'i.
 - b) Come to an agreement with the employee on a greater dollar amount to be deducted from subsequent paychecks. (Note: For indebtedness less than or equal to \$1,000, the amount to be deducted shall be greater than the \$25 per pay period currently being deducted. For indebtedness greater than \$1,000, the amount to be deducted shall be greater than the \$100 per pay period currently being deducted.)
 - c) Come to an agreement to offset the remaining amount of indebtedness by applying the current value to

appropriate leave or compensatory time credits posted in the employee's respective accounts as balances that would otherwise be payable in cash upon separation from service. [Exhibit G titled, "Agreement to Apply Vacation and/or Compensatory Time Off Credits Value to Repay Compensation Overpayment"](#) should be completed by the department and signed by the employee.

d. 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 Hawai'i), 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 \(AFP\)](#). The payee is Director of Finance, State of Hawai'i, 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 Hawai'i. The checks are forwarded from DAGS to the University of Hawai'i 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) After the full amount of the salary overpayment is recovered, 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 Hawai'i, 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.

- c) 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).
 - d) The UH Payroll Office will process the necessary documents to DAGS to adjust the proper accounts and the employee's records.
- 3) Deductions through Payroll Change Schedule, SAF D-94 (for current salary or wage overpayment recovered in the same calendar year).

- a) Deductions through the Payroll Change Schedule, SAF D-94 are adjustments to the current year-to-date therefore no checks are generated or need to be processed. The SAF B-13, SAF D-70, and SAF D-71 do not have to be prepared by the departments.
 - b) Each department is responsible for monitoring the repayments of its employees to determine when the full amount is recovered.
- 4) 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 Compensation Overpayment \(Exhibit G\)](#).
- Retain original for your records, provide a copy to the employee and attach a copy to the employee's repayment agreement.
- 5) In those cases where an employee terminates employment and transfers to another department, the losing department must notify the receiving department of the existing salary overpayment which must be deducted from the employee's pay.
- 6) In those cases where an employee terminates State employment:
- a) Any vacation pay or compensatory time pay due the employee should be adjusted by deducting the remaining overpayment balance prior to any vacation/compensatory time payment to the terminated employee. Any remaining salary overpayment balance should be immediately collected.
 - b) If no vacation pay or compensatory time pay is due the employee, the remaining salary overpayment balance should be immediately collected.
 - c) If the former employee refuses to pay, the department should initiate a tax setoff and submit this case to one of the authorized collection agencies.

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

Exhibit A-1 Letter of Notification - overpayment less than or equal to \$1,000

Exhibit A-2 Letter of Notification - overpayment greater than \$1,000

Exhibit B Overpayment Worksheet

Exhibit C Response to Bill and Notice of Salary Overpayment

Exhibit D Notification of Delivery

Exhibit E Sample Salary Assignment/Cancellation (Overpayment Less Than or Equal to \$1000)

Exhibit F Sample Salary Assignment/Cancellation (Overpayment Greater Than \$1000)

Exhibit G Agreement to Apply Vacation and/or Compensatory Time Off Credits to Repay Compensation Overpayment

Exhibit H Request for Administrative Hearing

FMIS-2 Authorization for Payment Form

FMIS-37 Special Check Distribution Request

Subject: Notification of Salary or Wage Overpayment

Dear _____:

This "Letter of Notification" informs you that you have been overpaid \$_____. Enclosed with this letter of notification are the "Overpayment Worksheet" that shows the details of the overpayment and the "Response to Salary or Wage Overpayment Notice" that allows you to request a hearing to contest the indebtedness or to request that your overpayment be repaid using vacation or compensatory time credits that you have accumulated. If you are covered under a collective bargaining agreement that contains provisions for salary overpayment and wish to contest the amount of indebtedness, you will need to file a grievance pursuant to that agreement.

If you are a non-bargaining unit employee or a bargaining unit employee whose collective bargaining agreement does not contain a provision on salary overpayment, you are advised to respond to this letter immediately by completing the enclosed "Response to Salary or Wage Overpayment Notice". If you do not respond within fifteen (15) calendar days of the receipt of this letter, you have waived the right to a hearing and the amount of overpayment shall be deemed as established at \$_____.

If you are a bargaining unit employee and your collective bargaining agreement contains a provision on salary overpayment, you will need to adhere to the grievance procedure timelines pursuant to your collective bargaining agreement if you wish to contest the determination of the amount of indebtedness. You will also need to complete the enclosed "Response to Salary or Wage Overpayment Notice" and return it within fifteen (15) calendar days from the receipt of this letter. Furthermore, since the amount of the overpayment is less than or equal to \$1,000, the amount of \$_____ is being deducted and will continue to be deducted until the total overpayment is recovered in full.

It is very important that you inform us of your intentions by completing the enclosed "Response to Salary or Wage Overpayment Notice" and return it to the Employing Department shown at the top of the notice. Please call _____ at _____ if you have any question relating to this notice and the two enclosures.

Sincerely,

Enclosures

c: Union

Subject: Notification of Salary or Wage Overpayment

Dear _____:

This "Letter of Notification" informs you that you have been overpaid \$_____. Enclosed with this letter of notification are the "Overpayment Worksheet" that shows the details of the overpayment and the "Response to Salary or Wage Overpayment Notice" that allows you to request a hearing to contest the indebtedness or to request that your overpayment be repaid using vacation or compensatory time credits that you have accumulated. If you are covered under a collective bargaining unit agreement that contains provisions for salary overpayment and wish to contest the amount of indebtedness, you will need to file a grievance pursuant to that agreement.

If you are a non-bargaining unit employee or a bargaining unit employee whose collective bargaining agreement does not contain a provision on salary overpayment, you are advised to respond to this letter immediately by completing the enclosed "Response to Salary or Wage Overpayment Notice". If you do not respond within fifteen (15) calendar days of the receipt of this letter, you have waived the right to a hearing and the amount of overpayment shall be deemed as established at \$_____.

If you are a bargaining unit employee and your collective bargaining agreement contains a provision on salary overpayment, you will need to adhere to the grievance procedure timelines pursuant to your collective bargaining agreement if you wish to contest the determination of the amount of indebtedness. You will also need to complete the enclosed "Response to Salary or Wage Overpayment Notice" and return it within fifteen (15) calendar days from the receipt of this letter. Furthermore, since the amount of the overpayment is greater than \$1,000, the minimum amount of \$100.00 per pay period is currently being deducted.

It is very important that you inform us of your intentions by completing the enclosed "Response to Salary or Wage Overpayment Notice" and return it to the Employing Department shown at the top of the notice. Please call _____ at _____ if you have any question relating to this notice and the two enclosures.

Sincerely,

Enclosures

c: Union

2006 PAYROLL OVERPAYMENT WORKSHEET

REF. NO.: SA _____

DATE: 10-23-06

AMENDED

FMS DC: #N/A

NAME _____ RET _____
 SS NO. _____ FICA _____
 PAYROLL # _____ MAR ST _____
 WD CODE _____ FED EX _____
 FUND _____ STATE EX _____

BU _____

FO # _____

DATE PAID	SHOULD BE				PAID				DIFFERENCE	RECOVER:	OVERPAYMT
	00-00-00	00-00-00	00-00-00	00-00-00	TOTAL	PP	PP	PP			
SALARY	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WORKERS' COMP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL GROSS PAY	0.00	0.00	0.00	0.00	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	0.00	0.00	0.00	0.00
MEDICARE	0.00	0.00	0.00	0.00	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	0.00	0.00	0.00	0.00
STATE TAX	0.00	0.00	0.00	0.00	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	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	0.00	0.00	0.00	0.00
ANNUITY	0.00	0.00	0.00	0.00	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	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	0.00	0.00	0.00	0.00
MEDICAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DESCRIPTION											
VISION											
ADULT DENTAL											
FLEX MEDICAL (FM)											
FLEX DEPENDENT (FD)											
FLEX ADMIN FEE (FA)											
PRE-TAX PARKING (TB)											
SERVICE FEE											
CREDIT UNION											
EMPLOYEE ORG											
PARKING											
MV											
SAVINGS BOND											
OTHER											
OTHER											
TOTAL DEDUCTIONS	0.00	0.00	0.00	0.00	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	0.00	0.00	0.00	0.00

REASON: FALSE
 PAY PERIOD START: _____ END: _____ REMARKS:

EMPL BUS EXP	0.00	0.00	0.00	0.00
WAGE S-IN-KIND	0.00	0.00	0.00	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
- 3) ATTACH A COPY OF THIS WORKSHEET TO THE APP AND THE FORM 37

NOTIFICATION

Employee:

A. Method and Time of Notification

The Bill and Notice of Salary or Wage Overpayment, Overpayment Worksheet, and Response to Bill and Notice of Salary or Wage Overpayment were:

Personally hand-delivered to the above-named employee by _____, on the following date and time _____, at the following location _____.

Mailed to the above-named employee at the following address _____ by _____ by Certified Mail. The Certificate of Delivery returned by the U.S. Post Office is dated _____.

B. The Fifteen (15) Day Notice Period

The fifteen (15) day notice period begins with the day immediately following the date of notification.

Example: If the documents were delivered on August 2nd, the first day of the fifteen day notice period would be August 3rd, and counting off fifteen calendar days from the 3rd, the final day would be the 17th. Weekends and holidays are included in the fifteen day period. However, if the 15th day falls on a weekend or holiday, the next day which is not a weekend or holiday is to be considered the 15th day. The fifteen day notice period ends at the close of business of the 15th day.

The Fifteen day Notice period expires on: _____

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 UNIVERSITY OF HAWAII				SUB-DIVISION OR SCHOOL ARTS & HUMANITIES																											
FORM NO. 111	SOCIAL SECURITY NO. 22 3333		LAST NAME, FIRST NAME, MIDDLE INITIAL DOE, JOHN		TYPE OP	AGENT 023	PLAN	I.D. NO.	DEPT. F																						
THE UNDERSIGNED HEREBY: <input checked="" type="checkbox"/> ASSIGNS OUT OF ANY COMPENSATION FROM THE STATE OF HAWAII OR <input type="checkbox"/> CANCELS						FOR AGENCY USE																									
(CHECK ONE BOX ONLY, IF "ASSIGNS")																															
<input checked="" type="checkbox"/> \$ <u>50.00</u> THE FIRST MONTH AND \$ _____ EACH MONTH THEREAFTER <input type="checkbox"/> PERCENT EACH MONTH _____ % <input type="checkbox"/> MY NET WAGES						<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>DEDUCTION</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr><td>DUES</td><td></td></tr> <tr><td>LIFE INS.</td><td></td></tr> <tr><td>INC. PROT.</td><td></td></tr> <tr><td>CR. UNION</td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td>TOTAL</td><td></td></tr> </tbody> </table>				DEDUCTION	AMOUNT	DUES		LIFE INS.		INC. PROT.		CR. UNION												TOTAL	
DEDUCTION	AMOUNT																														
DUES																															
LIFE INS.																															
INC. PROT.																															
CR. UNION																															
TOTAL																															
I CERTIFY THAT I WILL ABIDE BY THE REGULATION SET FORTH ON THE REVERSE SIDE OF THIS APPLICATION 02-28-06 Administrative Assignment*						TYPE AGENT'S NAME, BRANCH, ADDRESS AND ZIP CODE HERE UNIVERSITY OF HAWAII PAYROLL OFFICE 02-28-06 <i>Michael Wang</i>																									
DATE EMPLOYEE OR AUTHORIZED SIGNATURE						DATE AUTHORIZED SIGNATURE OF ASSIGNEE																									

STATE COMPTROLLER (CENTRAL PAYROLL)

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

* "Administrative Assignment", required by HRS Section 78-12(f), should be typed on the "EMPLOYEE OR AUTHORIZED SIGNATURE" line. The department head or his designee should sign on the "AUTHORIZED SIGNATURE OF ASSIGNEE" line.


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 UNIVERSITY OF HAWAII				SUB-DIVISION OR SCHOOL ARTS & HUMANITIES					
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"/> ASSIGNS OUT OF ANY COMPENSATION FROM THE STATE OF HAWAII OR <input type="checkbox"/> CANCELS					FOR AGENCY USE				
(CHECK ONE BOX ONLY, IF "ASSIGNS")									
<input checked="" type="checkbox"/> \$ <u>200.00</u> THE FIRST MONTH AND \$ _____ EACH MONTH THEREAFTER <input type="checkbox"/> PERCENT EACH MONTH _____% <input type="checkbox"/> MY NET WAGES					• EFFECTIVE WITH THE PAYROLL PERIOD THAT INCLUDES..... <u>03</u> / <u>01</u> / <u>06</u> MONTH DAY YEAR • WITH ENDING DEDUCTIONS FOR THE PAYROLL PERIOD PRIOR TO... _____ / _____ / _____ MONTH DAY YEAR • WHEN MY COMMITMENT OF \$ <u>2,000.00</u> IS PAID OR UPON RECEIPT OF MY ASSIGNMENT CANCELLATION.				
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				
02-28-06 Administrative Assignment *					UNIVERSITY OF HAWAII PAYROLL OFFICE 02-28-06 				
DATE EMPLOYEE OR AUTHORIZED SIGNATURE					DATE AUTHORIZED SIGNATURE OF ASSIGNEE				
							DEDUCTION	AMOUNT	
							DUES		
							LIFE INS.		
							INC. PROT.		
							CR. UNION		
							TOTAL		

STATE COMPTROLLER (CENTRAL PAYROLL)

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

* "Administrative Assignment", required by HRS Section 78-12(f), should be typed on the "EMPLOYEE OR AUTHORIZED SIGNATURE" line. The department head or his designee should sign on the "AUTHORIZED SIGNATURE OF ASSIGNEE" line.

AGREEMENT TO APPLY VACATION AND/OR COMPENSATORY TIME OFF CREDITS TO REPAY COMPENSATION OVERPAYMENT

Department _____ Date _____

Employee UH ID No. _____ Pos. No. _____ Name _____ PR/WD _____

I. ACCRUED CREDITS

	Hours	Current Hrly Rate*	Value
1. Accrued vacation credits as of _____	_____	\$ _____	\$ _____
2. Accrued CTO credits as of _____	_____	\$ _____	\$ _____
3. TOTAL Accrued credits	_____	\$ _____	\$ _____

II. ACCRUED CREDITS APPLIED FOR REPAYMENT Complete only after it is determined when repayment will be made and whether the repayment due is the gross or customary "net" amount. Refer to Form 3.

	Hours	Current Hrly Rate*	Value	Accrued Hrs – Applied Hrs = Balance
1. Vacation Credits _____	_____	\$ _____	\$ _____	_____ - _____ = _____
2. CTO Credits _____	_____	\$ _____	\$ _____	_____ - _____ = _____

I authorize deduction of the above vacation and/or CTO credits for repayment of a compensation overpayment.

EMPLOYEE SIGNATURE DATE

APPROVED: _____
REPRESENTATIVE RESPONSIBLE FOR FORM 7 TRANSACTION DATE

Form 7 Tracking Instructions:

- 1. Use new codes to record deduction of vacation/CTO credits for repayment of overpayment.
OV = Vacation hours applied for repayment of an overpayment
OC = CTO hours applied for repayment of an overpayment.
- 2. *Current hourly rate includes all differentials included in an employee's monthly salary. It does not include hourly differentials (e.g., night shift, working condition, etc.) that should have been paid in cash even if a CTO election is made in lieu of cash payment for OT.
- 3. Convert hours to value by multiplying the hours by the employee's current hourly rate. Convert value to hours by dividing the value by employee's current hourly rate. For ease in tracking, as much as possible, have employee apply credits for repayment in 15-minute (¼ hour) increments.
- 4. On the Form 7, deduct the number of hours used for repayment of an overpayment using the transaction date.
- 5. Keep a copy in the employee's official personnel file with the UH Form 1 – Application for Leave of Absence form.
- 6. Attach a copy to the employee's repayment agreement.

TO: Howard Todo
Vice President for Budget and Finance
Chief Financial Officer

VIA: Michael Wong, Director
Disbursing and Payroll Office

FROM:

SUBJECT: **ADMINISTRATIVE HEARING FOR SALARY OVERPAYMENT**

Pursuant to Chapter 91, Hawaii Revised Statutes (H.R.S.), Chapter 78-12, H.R.S., and Chapter 10 of Title 20 of the Hawaii Administrative Rules. I, _____ request a hearing for my salary overpayment of _____.

Enclosed please find the “Response to Bill and Notice of Salary Overpayment”, “Bill and Notice of Salary Overpayment” and salary overpayment worksheet.

Please notify me when a hearing date is scheduled. If you have any questions or need additional information, please contact _____ at _____.

UNIVERSITY OF HAWAII AUTHORIZATION FOR PAYMENT FORM

DOCUMENT NUMBER
A _____

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 ↓		
					TOTAL	

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

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**

DOCUMENT NUMBER

VENDOR NAME
DIRECTOR OF FINANCE

AMOUNT
\$

Enclosure

(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.)

Special 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