

REQUEST FOR OVERPAYMENT REFUNDS

Agency # _____ Employee Name: _____

OSF Claim #: _____

SSN: _____ Warrant # _____ Paydate: _____ EFT (Y/N): _____

Reason for overpayment (check all that apply): _____ Pay Period Code: _____

- Employee terminated. Date of termination: _____
- Employee overpaid (hours, rate) Explanation: _____
- Payroll warrant was/is to be reissued with corrected data. Reissued warrant #: _____
- Other. Explanation: _____

	EMPLOYEE PAYROLL			STATE CONTRIBUTIONS		
	Issued Payroll	Corrected Payroll	Difference	Issued Payroll	Corrected Payroll	Difference
TOTAL INCOME:						
A. True Gross Pay	_____	_____	_____	_____	_____	_____
B. Excess Benefit Allowance	_____	_____	_____	_____	_____	_____
C. Income subject to retirement (A + B):	_____	_____	_____	_____	_____	_____
D. Additional Gross Income	_____	_____	_____	_____	_____	_____
E. TOTAL INCOME (C + D):	_____	_____	_____	_____	_____	_____
DEDUCTIONS TO TAXABLE GROSS:						
F. Flex plan (premium conversion)	_____	_____	_____	_____	_____	_____
G. Amount Subject to Social Security (E-F):	_____	_____	_____	_____	_____	_____
G. Amount Subject to Medicare (E-F):	_____	_____	_____	_____	_____	_____
H. Deferred Comp	_____	_____	_____	_____	_____	_____
I. Retirement (OPERS, Judicial)	_____	_____	_____	_____	_____	_____
J. Other Pretax (Tchr Ret, OLERS)	_____	_____	_____	_____	_____	_____
K. TOTAL TAXABLE GROSS (G-H-I-J):	_____	_____	_____	_____	_____	_____
TAXES:						
L. State Income Taxes	_____	_____	_____	_____	_____	_____
M. Federal Income Taxes	_____	_____	_____	_____	_____	_____
N. Social Security Taxes (G x 6.2%)	_____	_____	_____	_____	_____	_____
O. Medicare Taxes (G x 1.45%)	_____	_____	_____	_____	_____	_____
P. Earned Income Credit	_____	_____	_____	_____	_____	_____
Q. TOTAL TAXES (L+M+N+O-P):	_____	_____	_____	_____	_____	_____
R. NON-PREM CONV BENEFITS	_____	_____	_____	_____	_____	_____
S. OPTIONAL DEDUCTIONS: (Overpayment of optional deductions are the responsibility of the agency)	_____	_____	_____	_____	_____	_____
NET PAY (K-Q-R-S):	=====	=====	=====	=====	=====	=====
TOTAL HOURS:	=====	=====	=====	_____	_____	_____
Net Amount Repaid by Employee:	Amount: _____	Date: _____	OSF: _____	_____	_____	_____
Refund Requestor: _____	Agency: _____	Contact Phone: _____	Date: _____	_____	_____	_____

Audited By: _____ State Share Retirement: _____ Emp Share Refund: _____
Earnings Adj: _____ w-2 Adj: _____ Overpay Refund Amt: _____ Date: _____