

## 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
<b>TOTAL INCOME:</b>						
A. True Gross Pay	_____	_____	_____			
B. Excess Benefit Allowance	_____	_____	_____			
C. Income subject to retirement (A + B):	_____	_____	_____			
D. Additional Gross Income	_____	_____	_____			
E. TOTAL INCOME (C + D):	_____	_____	_____			
OSF Gross	_____	_____	_____			
<b>DEDUCTIONS TO TAXABLE GROSS:</b>						
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, OLSERS)	_____	_____	_____			
K. TOTAL TAXABLE GROSS (G-H-I-J):	_____	_____	_____			
<b>TAXES:</b>						
L. State Income Taxes	_____	_____	_____			
M. Federal Income Taxes	_____	_____	_____			
N. Social Security Taxes (G x 4.2%)	_____	_____	_____	_____	_____	_____
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: _____