

REQUEST FOR OVERPAYMENT REFUNDS

Agency #: _____ Employee Name: _____ OSF Claim #: _____

EmplID _____ 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	Calculated EE Taxes	Calculated ER Taxes
TOTAL EARNINGS:								
A. Earnings subject to retirement	_____	_____	_____					
B. Remaining Benefit Allowance	_____	_____	_____					
C. (A + B):	_____	_____	_____					
D. Other Earnings	_____	_____	_____					
E. TOTAL Earnings (C + D):	_____	_____	_____					
TAXABLE WAGES/DEDUCTIONS:								
F. Cafeteria plan (pretax items less BEA used)	_____	_____	_____					
G. Amount Subject to Social Security (OASDI) (E-F)	_____	_____	_____					
G. Amount Subject to Medicare (E-F):	_____	_____	_____					
H. Deferred Annuity Plan (Sooner Save)	_____	_____	_____					
I. Retirement (OPERS, Judicial)	_____	_____	_____					
J. Other Pretax (Teacher Retirement, OLERS)	_____	_____	_____					
K. TOTAL FED/ST TAXABLE WAGES (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)	_____	_____	_____					
T. NET PAY (K-Q-R-S):	_____	_____	_____	_____	_____	_____		
U. TOTAL HOURS:	_____	_____	_____					
Net Amount Repaid by Employee:	Amount: _____	Date: _____		OSF: _____				
JOURNAL ENTRY DETAIL:	Account: _____	Fund Type: _____	Class Funding: _____	Dept: _____	Bud Ref: _____			
Refund Requestor:	_____	Agency: _____	Contact Phone: _____	Date: _____				

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