

REQUEST FOR OVERPAYMENT REFUNDS

6/5/2013

Agency #: _____ Employee Name: _____ OMES 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
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 (SoonerSave)	_____	_____	_____			
I. Retirement (OPERS, Judicial)	_____	_____	_____	_____	_____	_____
J. Other Pretax (Tchr Ret, 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%)	_____	_____	_____	_____	_____	_____
Q. TOTAL TAXES (L+ M+ N+ O):	_____	_____	_____			
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: _____ OMES: _____

JOURNAL ENTRY DETAIL: Account: _____ Fund Type: _____ Class Funding: _____ Dept: _____ Bud Ref: _____

Refund Requestor: _____ Agency: _____ Contact Phone: _____ Date: _____

Audited By: _____	State Share Retirement: _____	0.00	Emp Share Retirement: _____	0.00
Earnings Adj: _____	Overpay Refund Amt: _____	0.00	Date: _____	