

## REQUEST FOR OVERPAYMENT REFUNDS

Agency #: \_\_\_\_\_ Employee Name: \_\_\_\_\_ OT OS 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
<b>TOTAL EARNINGS:</b>							
A. Earnings subject to retirement	_____	_____	_____				
B. Remaining Benefit Allowance	_____	_____	_____				
C. (A + B):	_____	_____	_____				
D. Other Earnings	_____	_____	_____				
E. TOTAL Earnings (C + D):	_____	_____	_____				
<b>TAXABLE WAGES/DEDUCTIONS:</b>							
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 (Teachers Retirement, OLERS)	_____	_____	_____				
K. TOTAL FED/ST TAXABLE WAGES (G-H-I-J):	_____	_____	_____				
<b>TAXES:</b>							
L. State Income Taxes	_____	_____	_____				
M. Federal Income Taxes	_____	_____	_____				Calculated EE Taxes
N. Social Security Taxes (G x 6.2%)	_____	_____	_____				Calculated ER Taxes
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: \_\_\_\_\_