



Change the logo

Date of letter

Employee

Address

City, State, Zip

Our records indicate you were overpaid a total gross amount of \$750.00 , for the pay period ending xx/xx/xx, on check number xxxx. If you do not agree that there was an overpayment, please contact [name] to explain why you do not believe you owe this amount.

Unearned payments to employees both active and separated are prohibited by Article 7, Section 14 of the Louisiana State Constitution which prohibits the donation of public funds. The overpayment must be paid back according to the recoupment of Overpayments rules (LAC 4: III, Chapter 7) established by the Office of the Governor, Division of Administration.

Mr. Employee name, you have four available options for repayment:

- (1) **Reverse Advice/Stop Payment** – Request a reversal of your direct deposit/stop payment on the paper check, and reissue a corrected payment for hours worked.
OR
- (2) **Personal check** – You may write a check for the **net amount** of the overpayment. Payment maybe made by personal check, money order or cashier's check payable to LCTCS in the net amount of **\$663.45**. Please sign the letter acknowledging and indicate the option you have selected. [*Indicate who to return the form and payment*].
OR
- (3) **Payroll deduction** - You may have your next paycheck reduced by the gross amount of the overpayment. Please sign the letter acknowledging and indicate the option selected and return the form to [*indicate who or where to return form*].
OR
- (4) **Payroll deduction Installment** – You have elected to repay the gross amount in installment plan. Installments should be completed before the close of the current calendar year to avoid W-2C issues. [*Indicate who to contact in setting up the installment plan*].

If you have not responded within two weeks of the date of this letter, [name of college] we will request the Payroll office to deduct \$ xxx, from the next available pay check.

If you have any questions, please do not hesitate to call me at xxx-xxxx.

Sincerely,

Your name



AUTHORIZATION TO REDUCE WAGES

Date: _____

Name: _____

College: _____

I have selected by initialing the below option for repayment:

____ Option 1 Reverse Advice/Stop Payment

____ Option 2 Personal check

____ Option 3 Payroll deduction

____ Option 4 Payroll deduction Installment

I authorize the Louisiana Community & Technical College System to deduct a total of \$_____ from my _____ next number of payroll check, to repay an overpayment of salary that was received on _____, for pay that was not due.

Signature: _____