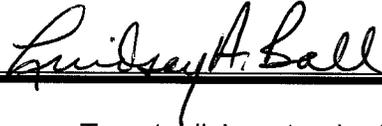


SUBJECT: Recovery of Payroll Overpayments **NUMBER:** 107-07-040
DIVISION: Operations Division, Payroll office **EFFECTIVE DATE:** 09/04/07

APPROVED:



**POLICY/
PURPOSE:** To establish a standard practice relating to employee overpayment by the Oregon State Payroll System and instructions on how employees are to repay the Department of Administrative Services (DAS), Operations Division (OPS).

AUTHORITY: 292.063, 292.170, 292.288, 653.035

APPLICABILITY: All DAS Employees & Client Agencies

ATTACHMENTS: Exhibit A - Guarantee of Payment by Set Monthly Payments Form
Exhibit B - Guarantee of Payment by Special Arrangement Form

DEFINITIONS

- (a) **Compensation** - Salaries and wages
- (b) **State employees** – State officers and employees, including minors

GUIDELINES:

I. When a state employee receives payment of salary or wages in an amount greater than the amount earned, the amount of overpayment may be deducted from salary or wages earned by the employee.

The deduction may be in such form and manner as the Oregon Department of Administrative Services, by rule, may prescribe.

II. Employees who receive an overpayment of salary or wages will be asked to complete and sign a Guarantee of Payment by Set Monthly Payments Form or a Guarantee of Payment by Special Arrangement Form stating the arrangements by which they will repay the overpayment.

III. If a state employee leaves state employment after having received payment of salary or wages in an amount greater than the employee's entitlement, the amount of overpayment shall be considered a delinquent account and shall be subject to collection by the Collections Unit in the Department of Revenue under ORS 293.250.

Department of Administrative Services
Office of Business Administration, Payroll Services

Guarantee of Payment
for
Payroll Overpayment

I, _____ agree to repay the amount of \$ _____
Name of employee or former employee Amount due

to the Office of Business Administration Payroll Services for the overpayment made to me for: _____
Reason for overpayment

I will pay the amount I owe as follows:

This agreement to reimburse the Office of Business Administration Payroll for payroll overpayment is signed:

Employee/Past Employee Signature

Date

Authorized Payroll Signature

Date

Department of Administrative Services

Operations Division, Payroll Services

Guarantee of Payment for Payroll Overpayment

I, _____ agree to repay the amount of \$ _____
Name of employee or former employee Amount due

to the Operations Division Payroll Services for the overpayment made
to me for: _____
Reason for overpayment

I will pay the amount I owe by:

Making one payment of: \$ _____ on _____
Amount owed Date total payment will be made

In 3 payments of: \$ _____ on _____
Amount owed Date 1st payment will be made

\$ _____ on _____
Amount owed Date 2nd payment will be made

\$ _____ on _____
Amount owed Date 3rd payment will be made

This agreement to reimburse the Operations Division Payroll Section for payroll overpayment is signed:

Employee/Past Employee Signature

Date

Authorized Payroll Signature

Date