



**New
Repayment
Arrangement &
Payroll Deduction
Authorization
Form**

REPAYMENT ARRANGEMENT AND
PAYROLL DEDUCTION AUTHORIZATION

I, _____ [EMPLOYEE NAME], knowingly and voluntarily execute this Repayment Arrangement and Payroll Deduction Authorization ("Authorization"), and acknowledge, agree and authorize the following:

1. I am employed by the City and County of San Francisco (the "City") as a Classification _____ [NUMBER, TITLE] at the _____ [DEPARTMENT].

2. I acknowledge a debt to the City in the amount of _____ [SPELL OUT AMOUNT] dollars (\$ _____ [NUMBER]) (the "Overpayment") that is the result of salary overpayment from _____ [DATE] to _____ [DATE] ([NUMBER] pay periods), as more fully set out in the "Request for Offset" form, attached hereto and incorporated by reference as if fully set forth herein. I acknowledge that the Overpayment was in excess of the amounts to which I was entitled during that period under City ordinances and the applicable Memorandum of Understanding.

3. I acknowledge and agree that I am responsible to repay the City the total amount of the Overpayment. I will repay the Overpayment to the City in full, in accordance with the option selected below [employee to check the box and initial the selected option]:

Option 1: Repay the total amount by personal check made payable to the "City and County of San Francisco." Initials: ____ [A copy of the check must be attached.]

Option 2: Repay the total amount through a single payroll deduction effective the next pay period. Initials: ____

Option 3: Repay the total amount through one or more payroll deductions within the same number of pay periods over which the Overpayment occurred, as specified in paragraph 2 above. Initials: ____

Option 4: Repay the total amount through payroll deductions over one or more pay periods, with the deduction each pay period not to exceed ten percent (10%) of my gross pay that pay period. Initials: ____

4. I understand and acknowledge that failure to enter into a repayment arrangement and to adhere to the repayment option selected in paragraph 3 above will result in the Overpayment, or any remaining portion of the Overpayment, becoming due. I further understand and acknowledge that the City will take appropriate steps to collect the Overpayment, or any remaining portion of the Overpayment, including if necessary obtaining a garnishment order in court, which could result in additional fees or affect my credit.

5. If the repayment option I selected under paragraph 3 above involves a payroll deduction, I hereby authorize each and every payroll deduction necessary under that selected option to ensure full repayment of the Overpayment. I agree that the deductions authorized under this Authorization (a) do not amount to a rebate or deduction from the standard wage arrived at by collective bargaining or pursuant to wage

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PAYROLL DEDUCTION AUTHORIZATION

agreement in statute, and (b) will not cause me to earn less than the minimum wage required under state law. Initials: ____

6. If my employment with the City ends before I have completed full repayment of the Overpayment, I agree and hereby authorize the City to deduct the full remaining balance on the Overpayment from my final pay warrant, which may include pay out of vacation and other vested paid time off balances. Initials: ____

7. I agree that if the deduction from my final payroll made pursuant to my authorization in paragraph 6 above does not repay the full remaining balance on the Overpayment, I will immediately pay the full remaining balance on the Overpayment by personal check made payable to the "City and County of San Francisco."

8. I understand and agree that if I do not repay in full any remaining balance on the Overpayment upon my separation from City employment, then the City will take appropriate steps to collect that Overpayment, or any remaining portion of the Overpayment, including if necessary obtaining a garnishment order in court, which could result in additional fees or affect my credit.

9. I acknowledge that I have read and understand this Authorization, and affix my signature hereto voluntarily and without coercion.

Employee Signature Employee ID Date

Witnessed by:

Department Rep. Name and Title Signature Date

OR

Employee refused to sign:
Reason:

Employee unavailable:
Reason:

Step One

- **Determine how much the employee was overpaid.**
- **Contact the employee with an estimated amount.**
- **Discuss with the employee that this amount will need to be repaid and see if you can gauge if it will be paid back in the current calendar year and/or the next calendar year.**
- **Let the employee know you will contact them to set up time to review the Repayment Arrangement & Payroll Deduction Authorization Form.**

Step Two

Email PPSD Adjustment Unit Supervisor May Cheung-Wei and also cc: Maria Kam.

Include the following in your email:

- Subject: OVERPAYMENT – John Doe, #123456
- Body of email – Give brief description of reason for overpayment and when it is planned to be repaid: current calendar year and/or next calendar year.
- Attachments – Multiple Pay Period Adjustment Worksheet, Payroll Registers, and the WC/SDI Supplementation Worksheet, if applicable.

Step Three

- **Adjustment Unit will review department worksheets and additional documents.**
- **Adjustment Unit will calculate the overpayment amount for paragraph # 2 of the Repayment Arrangement and Payroll Deduction Authorization form based on the information provided.**
- **This information will be sent to the department by email.**
- **Depending on timeframe, this may take up to 5 business days.**

Step Four

Department prepares the Repayment Arrangement and Payroll Deduction Authorization form.

- **Section # 1 – Employee’s name**
- **Paragraph # 1 – Employee’s Job Class
Employee’s Job Title
Employee’s Department**
- **Paragraph # 2 – Overpayment Amount (written)
Overpayment Amount (xxx.xx)
From and To date of the
salary overpayment**

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1. I am employed by the City and County of San Francisco (the “City”) as a Classification _____ [NUMBER, TITLE] at the _____ [DEPARTMENT].
2. I acknowledge a debt to the City in the amount of _____ [SPELL OUT AMOUNT] dollars (\$_____ [NUMBER]) (the “Overpayment”) that is the result of salary overpayment from _____ [DATE] to _____ [DATE] ([NUMBER] pay periods), as more fully set out in the “Request for Offset” form, attached hereto and incorporated by reference as if fully set forth herein. I acknowledge that the Overpayment was in excess of the amounts to which I was entitled during that period under City ordinances and the applicable Memorandum of Understanding.

Step Five

Department sets up a time to meet with employee to review and discuss the Repayment Arrangement and Payroll Deduction Authorization form.

- In person is best.**
- Over the phone, skype, etc.**
- Department representative can be supervisor but payroll representative is best.**
- Working night shift or only weekends does not qualify for ‘not available.’**

3. I acknowledge and agree that I am responsible to repay the City the total amount of the Overpayment. I will repay the Overpayment to the City in full, in accordance with the option selected below [employee to check the box and initial the selected option]:

Option 1: Repay the total amount by personal check made payable to the “City and County of San Francisco.” Initials: _____ [A copy of the check must be attached.]

Option One:

Same process as is today ...

- Employee issues a check payable to the department.
- Department makes copy of the deposit slip.
- Department submits to PPSD with the FAMIS document number listed.
- Documents are attached to the PDF.
- Only exception: Send copy of Repayment Arrangement and Payroll Deduction Authorization.

3. I acknowledge and agree that I am responsible to repay the City the total amount of the Overpayment. I will repay the Overpayment to the City in full, in accordance with the option selected below [employee to check the box and initial the selected option]:

Option 2: Repay the total amount through a single payroll deduction effective the next pay period. Initials: _____

Option Two:

Employee repays overpayment through a single payroll deduction.

- **If repaid during the current calendar year, the payroll deduction will be processed by the Adjustment Unit and taxes and percentage deductions will self adjust.**
- **If repaid in a following calendar year, the payroll deduction will be processed by the Deduction Unit.**
 - **Deduction Code: Offset**
 - **Employee will receive a tax refund for overwithheld FICA and a W-2c from Tax Unit**
 - **Employee may need to refile their taxes.**

3. I acknowledge and agree that I am responsible to repay the City the total amount of the Overpayment. I will repay the Overpayment to the City in full, in accordance with the option selected below [employee to check the box and initial the selected option]:

Option 3: Repay the total amount through one or more payroll deductions within the same number of pay periods over which the Overpayment occurred, as specified in paragraph 2 above. Initials:

Option Three:

Employee repays overpayment through one or more payroll deductions within the same # of pay periods over which overpayment occurred.

- **If repaid during the current calendar year , the payroll deduction will be processed by the Adjustment Unit and taxes and percentage deductions will self adjust.**
- **If repaid in a following calendar year, the payroll deduction will be processed by the Deduction Unit.**
 - **Deduction Code: Offset**
 - **Employee will receive a tax refund for overwithheld FICA and a W-2c from Tax Unit.**
 - **Employee may need to refile their taxes.**

3. I acknowledge and agree that I am responsible to repay the City the total amount of the Overpayment. I will repay the Overpayment to the City in full, in accordance with the option selected below [employee to check the box and initial the selected option]:

Option 4: Repay the total amount through payroll deductions over one or more pay periods, with the deduction each pay period not to exceed ten percent (10%) of my gross pay that pay period.

Initials: _____

Option Four:

Employee repays the total amount through payroll deductions over one or more pay periods, with deduction not to exceed 10% of gross pay.

- **If repaid during the current calendar year , the payroll deduction will be processed by the Adjustment Unit and taxes and percentage deductions will self adjust.**
- **If repaid in a following calendar year, the payroll deduction will be processed by the Deduction Unit.**
 - **Deduction Code: Offset**
 - **Employee will receive a tax refund for overwithheld FICA and a W-2c from Tax Unit.**
 - **Employee may need to refile their taxes.**

4. I understand and acknowledge that failure to enter into a repayment arrangement and to adhere to the repayment option selected in paragraph 3 above will result in the Overpayment, or any remaining portion of the Overpayment, becoming due. I further understand and acknowledge that the City will take appropriate steps to collect the Overpayment, or any remaining portion of the Overpayment, including if necessary obtaining a garnishment order in court, which could result in additional fees or affect my credit.

5. If the repayment option I selected under paragraph 3 above involves a payroll deduction, **I hereby authorize each and every payroll deduction necessary under that selected option to ensure full repayment of the Overpayment.** I agree that the deductions authorized under this Authorization (a) do not amount to a rebate or deduction from the standard wage arrived at by collective bargaining or pursuant to wage agreement in statute, and (b) will not cause me to earn less than the minimum wage required under state law. Initials: _____

6. If my employment with the City ends before I have completed full repayment of the Overpayment, **I agree and hereby authorize the City to deduct the full remaining balance on the Overpayment from my final pay warrant, which may include pay out of vacation and other vested paid time off balances.** Initials: _____

7. **I agree that if the deduction from my final payroll made pursuant to my authorization in paragraph 6 above does not repay the full remaining balance on the Overpayment, I will immediately pay the full remaining balance on the Overpayment by personal check made payable to the “City and County of San Francisco.”**

8. I understand and agree that if I do not repay in full any remaining balance on the Overpayment upon my separation from City employment, **then the City will take appropriate steps to collect that Overpayment, or any remaining portion of the Overpayment, including if necessary obtaining a garnishment order in court, which could result in additional fees or affect my credit.**

9. I acknowledge that I have read and understand this Authorization, and affix my signature hereto voluntarily and without coercion.

Step Six

- Department representative answers any questions employee may have.
- Employee initials all relevant sections.
- Employee signs, dates and fills in Employee ID.
- Department Representative prints their name and title.
- Department representative signs and dates the document.
- Department representative gives the employee a copy of the Repayment Arrangement and Payroll Deduction Authorization form for their records.
- If Option Three or Four is chosen, fill out revised Request for Employee Offset Due to Payroll Overpayment form and give copy to employee.
- If employee refuses to sign the document or is unavailable, please contact Christie and Megan for additional instructions.

Employee Signature

Employee ID

Date

Witnessed by:

Department Rep. Name and Title

Signature

Date

OR

[] Employee refused to sign:

Reason:

[] Employee unavailable:

Reason:

Step Seven

- Department submits the following to PPSD for processing:
 - One PDF listing the number of installment payments and each biweekly amount
 - Copy of Repayment Arrangement and Payroll Deduction Authorization form and revised Request for Employee Offset Due to Payroll Overpayment form, if applicable.
 - Multiple Pay Period Adjustment Worksheet
 - Payroll Registers
 - WC/SDI Supplemental Worksheet, if applicable.

Step Eight

Should the employee term prior to repaying the overpayment amount in full, department needs to do the following:

- **Fill out the Lump Sum Vacation Pay/Vested Sick, Comp Time, Wellness, Fire Dept. T&E form**
- **State if employee has Repayment Arrangement and Payroll Deduction Authorization form on file and if employee initialed paragraph six on agreement. This will allow to take as much of the amount as possible.**
- **If the employee does not have enough or did not initial, follow option one procedures.**
- **If the employee does not repay the overpayment balance, please contact Christie and Megan.**

One More Thing

- **There will be no more “one offs!”**
- **Process is consistent with MOUs**
- **Revised ‘Request for Employee Offset Due to Payroll Overpayment’ form**
- **Repayment Arrangement and Payroll Deduction Authorization form FAQ for employees information next week**
- **Training video coming soon!!**
- **QUESTIONS?????**