

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

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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.

Employee Signature	Employee ID	Date
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Witnessed by:

Department Rep. Name and Title	Signature	Date
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OR

[ ] Employee refused to sign:  
Reason:

[ ] Employee unavailable:  
Reason: