

DATE

MEMORANDUM

TO: Gary H. Fuquay
DHHS Controller's Office

FROM: (HR Name)
Human Resources Manager

SUBJECT: Write off for Salary Overpayment (Employee Name and Social Security Number)

We are requesting a write-off for salary overpayment for the above mentioned employee in the amount of (**\$ amount of write off**) which is the difference between the net and gross amount of salary that this person received. (Employee Name) made a good faith effort to repay the NET amount due, however, due to (human resource office/payroll office) error, the repayment was NEVER processed through Central Payroll. This caused the W-2 issued to (Employee's Name) to be incorrect.

We appreciate your review and assessment of this situation. Copies of documentation are attached for your review and if you should need further assistance or additional information, please contact (HR Managers Name and phone number).

/abc

Attachment: Copy of W-2
Copy of Deposited check

Cc: Lonnie Moore
Mary McGregor
Annette Chandler
File

APPROVED: _____ Date
Gary H. Fuquay

APPROVED: _____ Date
Lanier M. Cansler
(Approval over \$500.00) (Revised 5/2/01)

