

Yolo County

OFFICE OF EDUCATION

PAYBACK FROM EMPLOYEE FOR PAYROLL OVERPAYMENT CALCULATION

EMPLOYEE NAME: _____ PERIOD OF OVERPAYMENT: _____
 EMPLOYEE #: _____ - _____ - _____ ___/___/___ THRU ___/___/___
 DATE OF PAYBACK: ___/___/___ THRU ___/___/___ PAYBACK BY: CK ___ CASH ___ VOL-DED ___
 Single Payment of \$ _____ Monthly Payments of \$ _____

- A. ORIGINAL GROSS PAID PER PAY510 _____
- B. LESS ACTUAL GROSS DUE PER PAY510 (_____)
- C. EQUALS GROSS OVERPAID (OASDI/MEDI GROSS) _____
- D. Gross Line (C) x Ret. Factor _____ = RETIREMENT GROSS _____ x Retirement %
 LESS RETIREMENT OVERPAID
 STRS _____% (_____)
 PERS _____% (_____)
 APPLE VOL-DED #8400 _____% (_____)
- E. LESS OASDI/MEDICARE OVERPAID
 (GROSS LINE (C) X 6.2% OASDI (_____))
 (GROSS LINE (C) X 1.45% MEDICARE (_____))
- F. LESS VOL-DED OVERPAID (Not including Apple)
 (Complete only if original Vol-Ded warrant is cancelled before mailing.)
 1. _____ \$ _____
 2. _____ \$ _____
 3. _____ \$ _____
 4. _____ \$ _____ (_____)
- G. EQUALS NET DUE FROM EMPLOYEE _____

YOU MUST ATTACH COPIES OF PAY510 FOR THIS TO BE PROCESSED BY BMAS (ONE SHOWING ORIGINAL GROSS PAID AND ONE SHOWING ACTUAL GROSS DUE.) ALSO ATTACH COPY OF REPAYMENT BY EMPLOYEE. (FIT AND SIT ADJUSTMENTS ARE SUBJECT TO PRIOR APPROVAL).

DISTRICT AUTHORIZED SIGNATURE: _____ DATE: _____

ACCOUNT CODE: _____
 FD BDR SCH RESC PY GOAL FUNC OBJT TYPE

Form # PR010
 Revised: 5/21
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